

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

SYNTHEGO CORPORATION,¹

Debtor.

Chapter 11

Case No. 25-10823 (MFW)

**SCHEDULES OF ASSETS AND LIABILITIES FOR
SYNTHEGO CORPORATION**

¹ The Debtor's mailing address is 3696 Haven Avenue, Suite A, Redwood City, California, 94063, and the last four digits of the Debtor's federal tax identification number is 9518.

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**GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY,
AND DISCLAIMERS REGARDING THE DEBTOR'S SCHEDULES OF
ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

Synthego Corporation, debtor in possession in the above-captioned chapter 11 case (the “Debtor”), has filed its Schedules of Assets and Liabilities (the “Schedules”) and Statement of Financial Affairs (the “Statement”) in the United States Bankruptcy Court for the District of Delaware (the “Bankruptcy Court”). The Debtor, with the assistance of Paladin Management Group LLC, (“Paladin”) which has been proposed to provide a chief restructuring officer and additional personnel to assist the Debtor, prepared the Schedules and Statement in accordance with section 521 of title 11 of the United States Code (the “Bankruptcy Code”), Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”), and Rule 1007-1 of the Local Rules of Bankruptcy Practice and Procedure of the United States Bankruptcy Court for the District of Delaware (the “Local Rules”).

Allen Soong, the Debtor’s Chief Restructuring Officer, has signed the Schedules and Statement. Mr. Soong is a co-founder and partner in Paladin Management Group LLC. Mr. Soong has more than twenty-five years of experience supporting company management teams and stakeholders across multiple industries. He has led over 80 large-scale engagements and has frequently assumed interim executive and CRO roles. Prior to Paladin, Mr. Soong led restructuring teams at Deloitte and CRG Partners Group prior to its sale to Deloitte.

In reviewing and signing the Schedules and Statement, Mr. Soong has necessarily relied upon the efforts, statements, and representations of the Debtor’s personnel and professionals. Given the scale of the Debtor’s business and complexity of its business covered by the Schedules and Statement, Mr. Soong has not (and could not have) personally verified the accuracy of each such statement and representation, including statements and representations concerning amounts owed to creditors.

In preparing the Schedules and Statements, the Debtor and its professionals relied on financial data derived from the Debtor’s books and records that was available at the time of such preparation. Although the Debtor has made every reasonable effort possible to date to ensure the accuracy and completeness of the Schedules and Statement, subsequent information or discovery may result in material changes to the Schedules and Statement. As a result, inadvertent errors or

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omissions may exist. For the avoidance of doubt, the Debtor hereby reserves its rights to amend and supplement the Schedules and Statement as may be necessary or appropriate.

The Debtor and its agents and attorneys do not guarantee or warrant the accuracy or completeness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. While commercially reasonable efforts have been made to provide accurate and complete information herein, inadvertent errors or omissions may exist. The Debtor and its agents and attorneys expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party should the information be updated, modified, revised, or re-categorized, except as required by applicable law. In no event shall the Debtor or its officers, employees, agents, or professionals be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused, even if the Debtor or its officers, employees, agents, attorneys, or professionals are advised of the possibility of such damages.

Global Notes and Overview of Methodology

1. **Description of Case.** On May 5, 2025 (the “Petition Date”) the Debtor filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code with the Bankruptcy Court. The Debtor is operating its business and managing its property as a debtor in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. These Global Notes apply to the Schedules and Statement filed by the Debtor.
2. **Global Notes Control.** These Global Notes pertain to and comprise an integral part of the Debtor’s Schedules and Statement and should be referenced in connection with any review thereof. In the event that the Schedules and Statement conflict with these Global Notes, these Global Notes shall control.
3. **Reservations and Limitations.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statement based upon the information available in the Debtor’s books and records. However, as noted above, inadvertent errors or omissions may exist. The Debtor reserves all rights to amend and supplement the Schedules and Statement as may be necessary or appropriate. Nothing contained in the Schedules and Statement constitutes a waiver of the Debtor’s rights or an admission of any kind with respect to this Chapter 11 Case, including, but not limited to, any rights or claims of the Debtor against any third party or issues involving substantive consolidation, equitable subordination, or defenses or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code or any other relevant applicable bankruptcy or non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph.

- a. **No Admission.** Nothing contained in the Schedules and Statement is intended or should be construed as an admission or stipulation of the validity of any claim against the Debtor, any assertion made therein or herein, or a waiver of the Debtor's rights to dispute any claim or assert any cause of action or defense against any party.
- b. **Recharacterization.** Notwithstanding that the Debtor has made reasonable efforts to characterize, classify, categorize, or designate correctly certain claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statement, the Debtor nonetheless may have improperly characterized, classified, categorized, or designated certain items. The Debtor thus reserves all rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statement at a later time as is necessary and appropriate.
- c. **Classifications.** Listing (i) a claim on Schedule D as "secured," (ii) a claim on Schedule E/F as "priority" or "unsecured," or (iii) a contract on Schedule G as "executory" or "unexpired" does not constitute an admission by the Debtor of the legal rights of the claimant or contract counterparty, or a waiver of the Debtor's rights to recharacterize or reclassify such claim or contract.
- d. **Claims Description.** Any failure to designate a claim on a given Debtor's Schedules and Statement as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that such amount is not "disputed," "contingent," or "unliquidated." The Debtor reserves all rights to dispute, or assert offsets or defenses to, any claim reflected on its Schedules and Statement on any grounds, including, without limitation, liability or classification, or otherwise to designate subsequently such claims as "disputed," "contingent," or "unliquidated" or object to the extent, validity, enforceability, priority, or avoidability of any claim. Moreover, listing a claim does not constitute an admission of liability by the Debtor. The Debtor reserves all rights to amend its Schedules and Statement as necessary and appropriate, including, but not limited to, with respect to claim description and designation.
- e. **Estimates and Assumptions.** The preparation of the Schedules and Statement required the Debtor to make reasonable estimates and assumptions with respect to the reported amounts of assets and liabilities, the amount of contingent assets and contingent liabilities on the date of the Schedules and Statement, and the reported amounts of revenues and expenses during the applicable reporting periods. Actual results could differ from such estimates.
- f. **Intellectual Property Rights.** Exclusion of certain intellectual property should not be construed to be an admission that such intellectual property rights have been abandoned, have been terminated or otherwise expired by their terms, or have been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property should not be construed to be an admission that such intellectual property rights have not been abandoned, have not been terminated or otherwise expired by their terms, or have

not been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction.

- g. **Insiders.** Certain Statement questions require the Debtor to disclose payments to “insiders.” Solely for purposes of these Statement questions, the Debtor included as “insiders” the following: (a) the Debtor’s directors, (b) the Debtor’s officers, (c) a person in control of the Debtor, and (d) any relatives of any of the foregoing (if known by the Debtor), each as determined as of the Petition Date. Persons have been included in the Statement for informational purposes only, and the listing of an individual as an insider is not intended to be, and should not be construed as, a legal characterization of that person as an insider and does not act as an admission of any fact, claim, right, or defense, and all such rights, claims, and defenses are reserved.

The listing of a party as an insider for purposes of the Schedules and Statement is not intended to be, nor should it be, construed an admission of any fact, right, claim, or defense, and all such rights, claims, and defenses are hereby expressly reserved. Information regarding the individuals listed as insiders in the Schedules and Statement has been included for informational purposes only and such information may not be used for the purposes of determining control of the Debtor, the extent to which any individual exercised management responsibilities or functions, corporate decision-making authority over the Debtor, or whether such individual could successfully argue that he or she is not an insider under applicable law, including the Bankruptcy Code and federal securities laws, or with respect to any theories of liability or any other purpose.

In the circumstance where the Schedules and Statement require information regarding “insiders,” the Debtor has included information with respect to the individuals whom the Debtor believes are included in the definition of “insider” set forth in section 101(31) of the Bankruptcy Code during the relevant time periods.

4. **Methodology.**

- a. **Basis of Presentation.** The Schedules and Statement do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States (“GAAP”), nor are they intended to be fully reconciled to the financial statements of the Debtor. The Schedules and Statement contain unaudited information that is subject to further review and potential adjustment. The Schedules and Statement reflect the Debtor’s reasonable efforts to report the assets and liabilities of the Debtor on an unconsolidated basis except as noted on the applicable Schedules and Statement or herein.
- b. **Duplication.** Certain of the Debtor’s assets, liabilities, and prepetition payments may properly be disclosed in response to multiple parts of the Statement and Schedules. To the extent these disclosures would be duplicative, the Debtor has determined only to list such assets, liabilities, and prepetition payments once.

Net Book Value. In certain instances, current market valuations for individual items of property and other assets are neither maintained by, nor readily available to, the Debtor. It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtor to obtain current market valuations for its assets. In addition, the Debtor is currently marketing its assets as part of a 363 sale(s) to be sold to a potential buyer for the highest or otherwise best price. Accordingly, unless otherwise indicated, the Debtor's Schedules and Statements reflect net book values. . Additionally, because the book values of certain assets, such as equipment, work in process, patents, trademarks, copyrights, and other intangible assets, may materially differ from their fair market values, they may be listed as undetermined amounts. The Debtor's intellectual property was generally not capitalizable under GAAP. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value. As such, market values may vary from net book value, and such variance may be material. The Debtor reserves all rights to amend, supplement, or adjust the asset values set forth herein.

- c. **Property and Equipment.** Unless otherwise indicated, owned property and equipment are valued at net book value. The Debtor may lease real property, furniture, fixtures, and equipment from certain third-party lessors. To the extent possible, any such leases are listed in the Schedules and Statement. Nothing in the Schedules and Statement is, or should be construed as, an admission as to the determination of the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtor reserves all rights with respect thereto.
- d. **Allocation of Liabilities.** The Debtor allocated liabilities between the prepetition and postpetition periods based on the information and research conducted in connection with the preparation of the Schedules and Statement. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and postpetition periods may change.

The Debtor reserves the right to, but are not required to, amend the Schedules and Statement as they deem appropriate to reflect this. The liabilities listed on the Schedules and Statement do not reflect any analysis of claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtor reserves all rights to dispute or challenge the validity of any asserted claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's claim.

- e. **Undetermined Amounts.** Claim amounts that could not readily be quantified by the Debtor are scheduled as "undetermined." The description of an amount as "undetermined" is not intended to reflect upon the materiality of the amount.
- f. **Unliquidated Amounts.** Amounts that could not be fairly quantified by the Debtor are scheduled as "unliquidated" or "unknown."

- g. **Totals.** All totals that are included in the Schedules and Statement represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
- h. **Guarantees and Other Secondary Liability Claims.** The Debtor has exercised reasonable efforts to locate and identify guarantees in its executory contracts, unexpired leases, secured financings, and other such agreements. The Debtor may have inadvertently omitted guarantees embedded in its contractual agreements and may identify additional guarantees as it continues its review of its books and records and contractual agreements.
- i. **Excluded Assets and Liabilities.** The Debtor has excluded the following categories of assets and liabilities from the Schedules and Statement: certain deferred rent charges, accounts, or reserves recorded only for purposes of complying with the requirements of GAAP; and certain accrued liabilities. Other immaterial assets and liabilities may also have been excluded.
- j. **Liens.** The inventories, property, and equipment listed in the Schedules and Statement are presented without consideration of any liens.
- k. **Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.
- l. **Setoffs.** The Debtor may incur setoffs and net payments in the ordinary course of business. Such setoffs and nettings may occur due to a variety of transactions or disputes including, but not limited to counterparty settlements, and deposits received. These normal, ordinary course setoffs and nettings are due to the nature of the Debtor's relationships. Such setoffs and other similar rights may have been accounted for when scheduling certain amounts; these ordinary course setoffs are not independently accounted for and as such are or may be excluded from the Debtor's Schedules and Statement. In addition, some amounts listed in the Schedules and Statement may have been affected by setoffs or nettings by third parties of which the Debtor is not yet aware. The Debtor reserves all rights to challenge any setoff and/or recoupment rights that may be asserted.
- m. **Payment of Prepetition Claims Pursuant to First Day Orders.** The Bankruptcy Court has entered orders (the "First Day Orders") authorizing, but not directing, the Debtor to, among other things, pay certain prepetition (a) claims; (b) taxes; (c) employee wages (including accrued and unused paid time off), salaries, and other compensation and benefits; and (d) obligations related to the use of the Debtor's cash management system. Where the Schedules and Statement list creditors and set forth the Debtor's scheduled amounts attributable to such claims, such scheduled amounts reflect balances owed as of the Petition Date. To the extent any adjustments are necessary for any payments made on account of such claims following the commencement of this Chapter 11 Case pursuant to the authority granted to the Debtor by the Bankruptcy Court under the First Day Orders, such adjustments have been included in the Schedules and Statement unless otherwise noted on the applicable Schedule or Statement. The Debtor reserves the right to

update the Schedules and Statement to reflect payments made pursuant to the First Day Orders.

5. Specific Schedules Disclosures.

- a. **Schedule A/B – Real and Personal Property.** Asset values are reported as of May 5, 2025, unless otherwise noted herein.
- b. **Schedule A/B, Part 1 – Cash and Cash Equivalents.** Details with respect to the Debtor's cash management system and bank accounts are provided in the Cash Management Motion and any orders of the Bankruptcy Court granting the Cash Management Motion. As described therein, the Debtor utilizes a centralized cash management system.
- c. **Schedule A/B, Part 2 – Deposits and Prepayments.** The Bankruptcy Court, pursuant to the *Order (FINAL) (I) Approving Proposed Form of Adequate Assurance of Payment to Utility Companies; (II) Establishing Procedures for Resolving Objections by Utility Companies; (III) Prohibiting Utility Companies from Altering, Refusing, or Discontinuing Service; and (IV) Granting Related Relief* [Docket No. 85], has authorized the Debtor to provide adequate assurance of payment for future utility services. Such deposits are not listed on Schedule A/B, Part 2, which has been prepared as of the Petition Date.
- d. **Schedule A/B, Part 7 – Office Furniture, Fixtures, and Equipment and Collectibles; Part 8 – Fixed Asset Listing.** The Debtor tracks fixed assets and depreciation in a fixed asset system connected within its accounting system. Generally, fixed asset descriptions may include very broad descriptions (*e.g.*, "Computer Hardware"), may include a vendor name in lieu of an asset description, may have multiple line items associated with a single asset if multiple general ledger transactions occurred for a single asset, or may combine multiple assets into one line item on the Schedules and Statements. Assets have been categorized based on the Debtor's general ledger asset classifications and categorizations included in the company's reconciliations of the fixed asset accounts. Dollar amounts are presented net of accumulated depreciation and other adjustments.
- e. **Schedule A/B; Part 10 – Intangibles and Intellectual Property.** Patents, trademarks, and other intellectual property are listed on Schedule A/B, Part 10. Considering book values of intangible assets such as patents, trademarks, copyrights, and other intangibles, may materially differ from their fair market values, they may be listed as undetermined amounts. Further, it would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtor to obtain current market valuations for these assets. The Debtor's intellectual property was generally not capitalizable under GAAP; for instance, patents developed internally in the normal course of business are typically expensed. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value. As such, market values may

vary from net book value, and such variance may be material. The Debtor reserves all rights to amend, supplement, or adjust the asset values set forth herein.

- f. **Schedule A/B, Part 11 – All Other Assets.** Assets not otherwise listed in these Schedules are included in Part 11 of Schedule A/B. Dollar amounts are presented net of impairments and other adjustments.
- g. **Schedule A/B.74 – Causes of Action.** Despite exercising its reasonable efforts to identify all known assets, the Debtor may not have listed all its causes of action or potential causes of action against third parties as assets in their Schedules including, but not limited to, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant non-bankruptcy laws to recover assets. Unless otherwise noted on specific responses, items reported on Schedule A/B are reported from the Debtor's books and records as of the Petition Date. The Debtor reserves all its rights with respect to any claims and causes of action they may have. Neither these Global Notes nor the Schedules shall be deemed a waiver of any such claims or causes of action or to prejudice or impair the assertion thereof in any way.
- h. **Schedule A/B.75 – Other Contingent and Unliquidated Claims or Causes of Action of Every Nature, including Counterclaims of the Debtor and Rights to Setoff Claims.** In the ordinary course of its business, the Debtor may have accrued, or may subsequently accrue, certain rights to counter-claims, cross-claims, setoffs, or refunds. Additionally, the Debtor may be party to pending litigation in which the Debtor has asserted, or may assert, claims as a plaintiff or counter-claims and/or cross-claims as a defendant. Because certain of these claims are unknown to the Debtor and not quantifiable as of the Petition Date, they may not be listed on Schedule A/B, Part 11.
- i. **Schedule D – Creditors Who Have Claims Secured by Property.** Except as otherwise set forth in any order with respect to the *Motion of the Debtor for Entry of Interim Order (I) Authorizing the Debtor to Obtain Post-petition Secured Financing, (II) Authorizing the Use of Cash Collateral, (III) Granting Liens and Superpriority Administrative Expense Status, (IV) Granting Adequate Protection, (V) Modifying the Automatic Stay, (VI) Scheduling a Final Hearing, and (VI) Granting Related Relief* [Docket No. 42] or other stipulation or order entered by the Bankruptcy Court, the Debtor reserves its rights to dispute or challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a secured creditor listed on Schedule D. The descriptions provided in Schedule D are intended only to be a summary. Reference to the applicable agreements and other related relevant documents is necessary for a complete description of the collateral and the nature, extent, and priority of any liens. To the extent the Debtor may be a co-obligor, co-mortgagor, or guarantor with respect to scheduled claims of other entities, and no claim set forth on Schedule D is intended to acknowledge claims of creditors that are otherwise satisfied or discharged by other entities.
- j. **Schedule E/F – Creditors Who Have Unsecured Claims.**

Part 1 – Creditors with Priority Unsecured Claims. Pursuant to the *Final Order*:

(I) *Authorizing the Payment of Certain Taxes and Fees; and (II) Granting Related Relief* [Docket No. 84] (the “Taxes Order”), the Debtor has been granted the authority to pay, in their discretion, certain tax liabilities that accrued prepetition. The Debtor is in the process of reconciling their potential tax liabilities in various jurisdictions and, consequently, such liabilities may be indicated as “Unliquidated,” and any amounts listed constitute the Debtor’s good faith estimates of the amounts of such liabilities. To the extent the Debtor paid any such prepetition taxes in accordance with the Taxes Order, the associated claims are not listed in the Debtor’s Schedules.

Furthermore, pursuant to the *Final Order (I) Authorizing the Debtor to (A) Pay Prepetition Employee Wages, Salaries, Other Compensation, and Reimbursable Employee Expenses and (B) Continue Employee Benefits Programs and (II) Granting Related Relief* [Docket No. 88] (the “Wages Order”), the Debtor received authority to pay certain prepetition obligations, including to pay employee wages (including accrued but unused paid time off) and other employee benefits, in the ordinary course of business. To the extent the Debtor paid any such prepetition wage and employee benefit obligations in accordance with the Wages Order, the associated claims are not listed in the Debtor’s Schedules. The Debtor has not scheduled accrued but unused paid time off because pursuant to the Wage Order the Debtor is authorized to pay such claims as and when they become payable (i.e., at the time of an employee’s termination, in connection with a sale of the Debtor’s assets, or as part of a plan of reorganization).

The listing of a claim on Schedule E/F, Part 1, does not constitute an admission by the Debtor that such claim or any portion thereof is entitled to priority status.

Part 2 – Creditors with Nonpriority Unsecured Claims. The liabilities identified in Schedule E/F, Part 2, are derived from the Debtor’s books and records. The Debtor made a reasonable attempt to set forth its unsecured obligations, although the actual amount of claims against the Debtor may vary from those liabilities represented on Schedule E/F, Part 2. The listed liabilities may not reflect the correct amount of any unsecured creditor’s allowed claims or the correct amount of all unsecured claims.

Schedule E/F, Part 2, contains information regarding threatened or pending litigation involving the Debtor. The amounts for these potential claims are listed as “unknown” and are marked as contingent, unliquidated, and disputed in the Schedules and Statements.

Schedule E/F, Part 2, reflects certain prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption or assumption and assignment of an executory contract or unexpired lease. In addition, Schedule E/F, Part 2, does not include claims that may arise in connection with the rejection of any executory contracts or unexpired leases.

As of the time of filing of the Schedules and Statement, the Debtor may not have received all invoices for payables, expenses, and other liabilities that may have

accrued prior to the Petition Date. Accordingly, the information contained in Schedules D and E/F may be incomplete. The Debtor reserves its rights to amend Schedules D and E/F if and as it receives such invoices.

In the ordinary course of business, the Debtor generally receives invoices for goods and services after the delivery of such goods or services. As of the filing of the Schedules and Statement, the Debtor may not have received all invoices for payables, expenses, or liabilities that may have accrued before the Petition Date. Accordingly, the information contained in Schedules E/F may be incomplete. The Debtor reserves the right, but are not required, to amend Schedules E/F if and as it receives such invoices. The claims of individual creditors are generally listed at the amounts recorded on the Debtor's books and records and may not reflect credits or allowances due from the creditor. The Debtor reserves all of its rights concerning credits or allowances.

Schedule E/F contains information regarding pending litigation involving the Debtor. The inclusion of any litigation in the Schedules and Statement does not constitute an admission by the Debtor of liability, the validity of any action, the availability of insurance coverage, or the amount or treatment of any claims, defenses, counterclaims, or cross-claims or the amount or treatment of any potential claim resulting from any current or future litigation. For the avoidance of doubt, the Debtor preserves all defenses with respect to any lawsuit listed on Schedule E/F, including, but not limited to, the right to dispute that any of the lawsuits listed were not properly filed or that the Debtor was not properly served a complaint in accordance with applicable state or federal laws. In addition, certain litigation or claims covered by insurance policies maintained by the Debtor may be excluded from Schedule E/F.

- k. **Schedule G – Executory Contracts and Unexpired Leases.** The Debtor's business is large and complex. Although reasonable efforts have been made to ensure the accuracy of Schedule G, inadvertent errors, omissions, or overinclusion may have occurred.

Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease, that such contract or agreement was in effect on the Petition Date, or that such contract or agreement is valid or enforceable. Nothing herein shall be construed as an admission, concession, or evidence that any of the contracts, agreements, and leases identified on Schedule G: (i) constitute an executory contract or unexpired lease within the meaning of section 365 of the Bankruptcy Code and other applicable law; or (ii) have not expired or been terminated or otherwise are not currently in full force and effect. Moreover, omission of a contract or lease from Schedule G does not constitute an admission that the contract or lease is not an executory contract or unexpired lease. The Debtor reserves all of its rights, including its right to seek a later determination of these issues and its right to dispute the validity, status, characterization, or enforceability of any contract or lease in Schedule G.

Certain of these contracts or leases may have been modified, amended, or supplemented by various amendments, restatements, statement of works, waivers, estoppel certificates, letters, improvement initiatives, notices to proceed, field directives, side letters, commitment letters, and other documents, instruments, and agreements that may not be listed, but are nonetheless incorporated by this reference.

Certain of the leases and contracts listed on Schedule G may contain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

The Debtor may have entered into various agreements in the ordinary course of its business, such as easements, rights of way, subordinations, nondisturbance and attornment agreements, supplemental agreements, amendments/letter agreements, title agreements, non-disclosure agreements, confidentiality agreements, and similar such agreements. These documents also may not be listed on Schedule G.

Certain of the agreements listed on Schedule G may have expired or terminated pursuant to their terms, but are listed on Schedule G in an abundance of caution.

The Debtor reserves all rights to dispute or challenge the characterization of any transaction or any document or instrument related to a creditor's claim.

In some cases, the same supplier or provider may appear multiple times in the Debtor's Schedule G. Multiple listings, if any, reflect distinct agreements between the Debtor and such supplier or provider.

The listing of any contract on Schedule G does not constitute an admission by the Debtor as to the validity of any such contract. The Debtor reserves the right to dispute the effectiveness of any such contract listed on Schedule G or to amend Schedule G at any time to remove any contract.

Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtor's rights under the Bankruptcy Code with respect to any such omitted contracts or agreements are not impaired by the omission.

6. Specific Statements Disclosures.

- a. **Statements – Question 1 – Gross Revenues from Business.** The gross revenue from business is listed through 4/30/2025, rather than through the Petition Date. For the purposes of this question, the Debtor has classified all revenue and receipts as operating revenue.
- b. **Statements – Question 2 – Non-Business Revenue.** Non-business revenue is listed through 4/30/2025, rather than through the Petition Date.

- c. **Statements – Question 3 – 90 Day Payments.** The dates in the date of payment column relate to one of the following: (i) the date of a wire transfer; (ii) the date of an ACH payment; or (iii) the clearance or issuance date for a check or money order. Although the Debtor has attempted to remove unfunded and rejected payments, there may be items in process. Therefore, certain payments reflected in Question 3 may not have been paid, and those amounts may also appear as unsecured non-priority claims in Schedule E/F as amounts owed to the same entities. Payments or transfers made within the 90 days before the Petition Date to non-employee directors and/or insiders are included in Question 4 and are not listed on Question 3.

Payments made to bankruptcy professionals are not represented within this question. All payments made to bankruptcy professionals within 1 year of the Petition Date have instead been included within SOFA 11, as these payments are related to either debt consolidation or restructuring, bankruptcy relief, or filing a bankruptcy case.

- d. **Statements – Question 4 – Payments to or for the Benefit of Insiders.**

- a. General. For a discussion of insiders of the Debtor, refer to paragraph 3(j) of these Global Notes. The information reported on Statements, Part 2, Question 4 is representative of the total payments made to insiders, as described in paragraph 3(j) of these Global Notes during the one (1) year prior to the Petition Date. For the avoidance of doubt, the information reported on Statements, Part 2, Question 4 may include payments to individuals who may have been insiders at the time they were employed by a Debtor but are no longer employed by a Debtor.
- b. Payments, distributions, and withdrawals credited or given to insiders listed under this question include: (i) transfers and payments to insiders made within 90 days of the Petition Date (such payments are not duplicated within Question 3); and (ii) transfers and payments that benefited any insider made within one year of the Petition Date that would otherwise be included in Question 30 herein.

- e. **Statements – Question 6 – Setoffs.** The Debtor may routinely incur setoffs and net payments in the ordinary course of business. Such setoffs and nettings may occur due to a variety of transactions or disputes including, but not limited to, counterparty settlements, pricing discrepancies, refunds, negotiations, or disputes between the Debtor and third parties. Due to the potentially voluminous nature of setoffs and nettings, it would be unduly burdensome and costly for the Debtor to list each such transaction. Therefore, ordinary course setoffs are excluded from the Debtor's responses to Question 6 of the Statements. Moreover, the Debtor does not have any non-ordinary course setoffs to report in Question 6.
- f. **Statements – Question 7 – Legal Actions or Assignments.** The Debtor is involved in various litigation matters in the ordinary course of business. The Debtor reserves all of its rights and defenses with respect to any and all listed

lawsuits and administrative proceedings. The listing of any such suits and proceedings shall not constitute an admission by the Debtor of any liabilities or that the actions or proceedings were correctly filed against the Debtor. The Debtor also reserves its rights to assert that the Debtor is not an appropriate party to such actions or proceedings.

- g. **Statements – Question 9 – Charitable Contributions.** The donations and/or charitable contributions listed in response to Question 9 represent payments made to third parties during the applicable timeframe that were recorded as such within the Debtor's books and records.
- h. **Statements – Question 11 – Payments related to bankruptcy.** Payments made to bankruptcy professionals within one year of the Petition Date are represented in the response to this question; to the extent payments were made within 90 days preceding the Petition Date, they are listed here and not duplicated in the Debtor's response to Question 3. Payments listed in the response to this question could relate to fees, expense reimbursements or retainers.
- i. **Statements – Question 26d – Financial Statements.** Over the prior two years, the Debtor has provided their financial statements to various parties, including potential lenders, investors, vendors, government entities and other interested parties either directly, through online data rooms or other diligence procedures.
- j. **Statements – Question 28 – List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.** Reported herein are officers, directors, managing members, general partners, members in control, controlling shareholders, or other individuals or entities in control of the Debtor as of the Petition Date. Commercially reasonable efforts have been made to provide accurate and complete information regarding the ownership percentages reported herein.
- k. **Statements – Question 30 – Payments, Distributions, or Withdrawals Credited or Given to Insiders.** The Debtor believe that Question 30 was answered by the Debtor's response to Question 4 and have therefore not listed any payments, distributions, or withdrawals to insiders under this section.

Right to Amend and/or Supplement

The Debtor reserves the right to amend and/or supplement the Schedules and Statement as may be necessary or appropriate.

General Disclaimer

The Debtor has prepared the Schedules and Statements based on the information reflected in the Debtor's books and records. However, inasmuch as the Debtor's books and records have not been audited, the Debtor cannot warrant the absolute accuracy of these documents. The Debtor has made a diligent effort to complete these documents accurately and completely. To the extent

additional information becomes available, the Debtor will amend and supplement the Schedules and Statement.

The Debtor and its officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy, completeness, or timeliness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused, in whole or in part, by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. The Debtor and its officers, employees, agents, attorneys, and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein or to notify any third party should the information be updated, modified, revised, or re-categorized, except as required by applicable law. In no event shall the Debtor or its officers, employees, agents, attorneys, and financial advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused.

Fill in this information to identify the case:

Debtor Synthego CorporationUnited States Bankruptcy Court for the: District of DelawareCase number 25-10823
(if known)☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*

UNDETERMINED

1b. **Total personal property:**Copy line 91A from *Schedule A/B*

\$24,825,954.84

1c. **Total of all property:**Copy line 92 from *Schedule A/B*

\$24,825,954.84

Part 2: Summary of Liabilities2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$73,411,918.28

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*

UNKNOWN

3b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*

+

\$151,257,225.70

4. **Total liabilities**

Lines 2 + 3a + 3b

\$224,669,143.98

Fill in this information to identify the case:Debtor Synthego CorporationUnited States Bankruptcy Court for the: District of DelawareCase number
(if known) 25-10823☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: CASH AND CASH EQUIVALENTS**1. DOES THE DEBTOR HAVE ANY CASH OR CASH EQUIVALENTS?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of
debtor's interest****2. CASH ON HAND****NONE****3. CHECKING, SAVINGS, MONEY MARKET, OR FINANCIAL BROKERAGE ACCOUNTS
(IDENTIFY ALL)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. BANC OF CALIFORNIA	ANALYZED BUSINESS CHECKING	5795	\$48,971.41
3.2. BANC OF CALIFORNIA	ANALYZED BUSINESS CHECKING	7929	\$64,824.42
3.3. BANC OF CALIFORNIA	LOAN	1917	\$0.00
3.4. BANC OF CALIFORNIA	LOAN	8768	\$0.00
3.5. BANC OF CALIFORNIA	MMA	0702	\$0.00
3.6. JP MORGAN CHASE BANK	COMMERCIAL CHECKING	9821	\$156,536.62
3.7. JP MORGAN CHASE BANK	PREMIUM COMMERCIAL MONEY MARKET	5932	\$15,050.85
3.8. SILICON VALLEY BANK	ANALYSIS CHECKING	3810	\$0.00
3.9. SILICON VALLEY BANK	ANALYSIS CHECKING	9202	\$313,526.96
3.10. SILICON VALLEY BANK	CASH SWEEP	8903	\$131,701.57
3.11. SILICON VALLEY BANK	COLLATERAL MMA	5935	\$225,000.00

4. OTHER CASH EQUIVALENTS**NONE**

(Name)

5 Total of Part 1.

ADD LINES 2 THROUGH 4 (INCLUDING AMOUNTS ON ANY ADDITIONAL SHEETS). COPY THE TOTAL TO LINE 80.

\$955,611.83

Part 2: DEPOSITS AND PREPAYMENTS**6. DOES THE DEBTOR HAVE ANY DEPOSITS OR PREPAYMENTS?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of
debtor's interest**7. DEPOSITS, INCLUDING SECURITY DEPOSITS AND UTILITY DEPOSITS**

DESCRIPTION, INCLUDING NAME OF HOLDER OF DEPOSIT

7.1.	955 CHARTER PARTNERS -955 CHARTER LEASE - SECURITY DEPOSIT	\$82,554.90
7.2.	EGGLI PROPERTIES -3585 HAVEN AVE LEASE - SECURITY DEPOSIT	\$21,695.50
7.3.	HAVEN AVE. LLC -3696 HAVEN AVE, SUITE A LEASE - SECURITY DEPOSIT	\$13,378.00
7.4.	HAVEN AVE. LLC -3698 HAVEN AVE, SUITE C LEASE - SECURITY DEPOSIT	\$26,120.00
7.5.	PANGEA INC. SA -EU EMPLOYER OF RECORD	\$51,940.22
7.6.	PG&E - UTILITY DEPOSIT	\$40,929.00

8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.1.	#THROUGHTHEPAIN INC - SPONSORSHIP	\$8,000.00
8.2.	AGILENT TECHNOLOGIES INC - 3-YEAR FOR ESI'S, YEAR 3 OF 3: 12/15/2024 - 12/14/2025	\$119,823.20
8.3.	AGILENT TECHNOLOGIES INC - AAS PLATELOC SERVICE AGREEMENT	\$3,314.95
8.4.	AGILENT TECHNOLOGIES INC - PREPAYMENT	\$13,000.00
8.5.	AGILENT TECHNOLOGIES INC - SERVICE CONTRACT RENEWAL (OLD PO-25624) / 11X PLATELOC THERMAL MICROPLASTE SEALERS	\$4,880.70
8.6.	AGILENT TECHNOLOGIES INC - TO SET UP AMORTIZATION SCHEDULE FOR INV# 9100957247	\$3,273.60
8.7.	AGILENT TECHNOLOGIES INC - YEAR 1 ANNUAL BILLING @ \$222,508.80	\$141,595.36
8.8.	AIRGAS USA, LLC - PREPAYMENT	\$10,008.22
8.9.	ALDEVRON LLC - PPD 184K, PER NEIL ON 6/12/2024 VIA SLACK TO PAY VENDOR	\$188,405.60
8.10.	ALERT MEDIA, INC. - EMERGENCY NOTIFICATION	\$3,440.70
8.11.	AMPAC FINE CHEMICALS, LLC - PREPAYMENT	\$20,000.00
8.12.	ANDERSEN TAX LLC - PREPAYMENT	\$1,500.00
8.13.	AON CONSULTING, INC - 2024 RADFORD MCLAGAN COMPENSATION DATABASE PARTICIPATION - UNITED STATES (AUGUST 2024-JULY 2025)	\$3,125.00
8.14.	APPRENTICE FS INC. - SUBSCRIPTION FEE FOR TEMPO SUBSCRIPTION	\$56,666.67
8.15.	ATLAS COPCO COMPRESSORS LLC - YEAR 1	\$2,817.87
8.16.	AVALARA - PREPAID SERVICE AND PROFESSIONAL SUPPORT- SERVICE PERIOD: MARCH 12 2025 - MARCH 11 2026	\$10,184.22
8.17.	BEAM CONSULTING - PREPAYMENT	\$983.33
8.18.	BIOCOM - BIOCOM CALIFORNIA MEMBERSHIP FOR 8/2024-7/2025	\$4,550.00
8.19.	BMG LABTECH, INC. - PO-20475-3 YEAR SERVICE CONTRACTS FORS 3 UV PLATE READERS SERVICE CONTRACTS TO END 8/19/2025	\$1,969.80
8.20.	BOX.NET - BOX ANNUAL RENEWAL FOR SYNTHEGO	\$6,657.00
8.21.	BUCHI CORPORATION - SERVICE CONTRACT FOR 4 ROTOVAP SYSTEMS (2 FOR INDE, 2 FOR GMP	\$17,545.05
8.22.	BURKE HERRING, LLC - PREPAYMENT	\$3,000.00
8.23.	CARTA - CARTA ANNUAL SUBSCRIPTION FEE	\$22,291.67

(Name)

Case number (known) 25-10823

Current value of
debtor's interest**8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT**

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.24.	CDMS (T&M PRODUCTS INC.) - PREPAYMENT	\$3,150.00
8.25.	CDW LLC - ADOBE PRODUCTS	\$2,619.02
8.26.	CDW LLC - ANNUAL OKTA RENEWAL - 210 USERS	\$30,432.88
8.27.	CDW LLC - MERAKI RENEWAL 09/24/24-09/23/25	\$5,197.18
8.28.	CHEMGENES CORPORATION - PREPAYMENT	\$665.48
8.29.	CHEMTREC - CHEMTREC EMERGENCY RESPONSE SERVICE FOR SYNTHEGO (3 YEARS)	\$2,402.50
8.30.	CLARI INC. - GROOVE CORE & FLOW SUBSCRIPTIONS	\$3,900.00
8.31.	CLEAR SPIDER INC. - PREPAYMENT	\$3,600.00
8.32.	COLE-PARMER - PO-25391 DEPOSIT, PROCESS AIDS ITEMS FOR F2	\$18,760.16
8.33.	CONFIG CONSULTANTS, LLC - PREPAYMENT	\$2,333.33
8.34.	CONTENTSTACK, LLC - CONTENTSTACK GROW MAX 8/29/2022 TO 8/30/2025 36 MONTHS -ANNUAL BILLING (RENEWAL PORTION)	\$5,555.56
8.35.	CONTENTSTACK, LLC - FOR INV#CS6698 - PER LORY, WE'RE PAYING \$300K OVER 3 YEARS, INVOICED TWICE A YEAR @ 50K.	\$33,333.33
8.36.	CRAIG A. BARBAROSH - INDEPENDENT DIRECTOR FEES- INDEPENDENT DIRECTOR PRO-RATED MAY FEES	\$30,000.00
8.37.	CSC - PREPAYMENT	\$21,920.00
8.38.	D4H TECHNOLOGIES LTD. - ANNUAL SUBSCRIPTION TO D4H PERSONNEL & TRAINING (BRAVO EDITION)	\$3,750.00
8.39.	DEGREE, INC (DBA LATTICE) - PERFORMANCE + ENGAGEMENT + TIME ON 150 JUL 17, 2024 – JUL 16, 2025	\$5,400.00
8.40.	DIAAGO LLC - PREPAYMENT	\$2,000.00
8.41.	DOCUSIGN - ANNUAL RENEWAL	\$15,697.50
8.42.	EATON CORPORATION - 8 HR RSP, 7X24 CVG ONLY (FL87NXXX-0160)	\$4,514.00
8.43.	EDITCO BIO, INC. - SOFTWARE BACK-CHARGE: XAVO CROSS CHARGE	\$16,766.88
8.44.	ELDORADO FORKLIFT COMPANY - PREPAYMENT	\$1,370.66
8.45.	ELEMENT MATERIALS TECHNOLOGY (CONCORD) - PREPAYMENT	\$84,721.00
8.46.	ELEMENTAL MACHINES - PREPAYMENT	\$5,000.00
8.47.	EMD MILLIPORE - PREPAYMENT	\$18,286.54
8.48.	FEDERAL EXPRESS - PREPAYMENT	\$7,037.89
8.49.	FISHER SCIENTIFIC - PREPAYMENT	\$2,818.91
8.50.	FRESHWORKS - FRESHSERVICE PRO, 500 ASSET PACKET	\$5,915.39
8.51.	GLEN RESEARCH CORP - LLT MATERIAL TO COVER US FOR Q2'25	\$5,720.00
8.52.	GLOBAL LIFE SCIENCES SOLUTIONS USA LLC - AKTA FLUX S 24 MONTH WARRANTY	\$889.50
8.53.	GLOBAL LIFE SCIENCES SOLUTIONS USA LLC - AKTA FLUX S 24 MONTH WARRANTY (12 MONTH EXT.)	\$2,668.50
8.54.	GLOBAL LIFE SCIENCES SOLUTIONS USA LLC - AKTA PILOT 600R 24 M WARRANTY	\$6,903.60
8.55.	GLOBAL LIFE SCIENCES SOLUTIONS USA LLC - AKTA PILOT 600R 24 M WARRANTY	\$889.50
8.56.	GLOBAL LIFE SCIENCES SOLUTIONS USA LLC - PO-21842- AKTA FLUX S 24 MONTH WARRANTY (12 MONTH EXT.)	\$3,558.00
8.57.	GLOBAL LIFE SCIENCES SOLUTIONS USA LLC - PREPAYMENT	\$500.00
8.58.	GLOBAL LIFE SCIENCES SOLUTIONS USA LLC - SERVICE CONTRACT RENEWAL - AKTA OLIGO100, GMP-AKTAOLIGO-003	\$7,130.00
8.59.	GLOBAL LIFE SCIENCES SOLUTIONS USA LLC - SERVICE CONTRACT RENEWAL FOR AKTA PILOT 600	\$6,479.02
8.60.	GOOGLE LLC - PREPAYMENT	\$6,930.22

(Name)

Case number (known)

25-10823

Current value of
debtor's interest**8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT**

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.61.	GSL BIOTECH LLC - SNAPGENE CORPORATE YEARLY SUBSCRIPTION, 3 ACTIVATIONS, EXPIRES ON SEPTEMBER 19, 2025	\$1,993.75
8.62.	HAMILTON COMPANY - HAMILTONS IN SUITE A	\$31,604.33
8.63.	HANBAY INC - SYLIGO V1.1 BUILD - PO-27704	\$6,735.00
8.64.	HAVEN AVE., LLC (FORMERLY WHITE PROPERTIES) - PREPAYMENT	\$31,945.47
8.65.	HAWK RIDGE SYSTEMS LLC - ANNUAL SOLIDWORKS RENEWAL	\$3,825.61
8.66.	HAWK RIDGE SYSTEMS LLC - SOLIDWORKS PROFESSIONAL NETWORK - ELITE SUCCESS PLAN - RENEWAL - 1 YEAR SERIAL NUMBER: 90100142873684294SDJ5XCF	\$7,651.22
8.67.	HUBSPOT - HUBSPOT SUBSCRIPTION BLANKET PO	\$5,520.00
8.68.	HUIDAGENE THERAPEUTICS (SINGAPORE) PTE LTD - ANNUAL LICENSE MAINTENANCE FEE ON THE FIRST ANNIVERSARY OF THE EFFECTIVE DATE.	\$66,666.67
8.69.	IDT - INTEGRATED DNA TECHNOLOGIES - PREPAYMENT	\$7,571.43
8.70.	ILLUMINA, INC. - ISEQ 100 ADVANCE EXCHANGE SUPPORT PLAN/ 36 MONTHS	\$326.01
8.71.	ILLUMINA, INC. - PREPAYMENT	\$3,000.00
8.72.	IMCS, INC - PREPAYMENT	\$795.00
8.73.	INGENIUM GROUP LLC - PREPAYMENT	\$15,605.20
8.74.	INTACT SERVICES USA LLC - INSURANCE PREMIUM RENEWAL - 06.22.24-06.22.25	\$11,190.25
8.75.	INTELLETRACE, INC. - BPO FOR INTERNET CONNECTIONS AND MANAGEMENT FEES 2025	\$9,786.00
8.76.	INTERVISION SYSTEMS, LLC - 1 YEAR MAINT ON STE-A-PURE STORAGE PCHFJ23480078 PSPFT24050YDK	\$6,536.52
8.77.	INTERVISION SYSTEMS, LLC - BLANKET PO FOR PROFESSIONAL SERVICES	\$1,954.17
8.78.	INTERVISION SYSTEMS, LLC - DELL R750 SERVER	\$17,675.61
8.79.	INTERVISION SYSTEMS, LLC - NETAPP AFF-A250HA	\$1,944.92
8.80.	INTERVISION SYSTEMS, LLC - NVIDIA-SPECTRUM BASED 25GBE/100GBE 1U PERP SUPPORT REQUIRED NCNR EOL 5/30/24	\$11,486.66
8.81.	INTERVISION SYSTEMS, LLC - SUITE A VMWARE ENVIRONMENT REPLACEMENT	\$23,426.33
8.82.	KACTUS BIO - PREPAYMENT	\$20,000.00
8.83.	KANDJI, INC. - DEVICE MANAGEMENT MACOS	\$4,800.00
8.84.	LEADIQ, INC. - ANNUAL SUBSCRIPTIONS FOR 2025	\$3,850.00
8.85.	LEVER, INC. - LEVERTRM FOR ENTERPRISE - 3/30/2025 - 3/29/2026	\$5,775.00
8.86.	LIFE TECHNOLOGIES CORP. - PREPAYMENT	\$91,040.00
8.87.	LINKEDIN - LINKEDIN CHARGES	\$9,480.00
8.88.	LINKEDIN - PREPAYMENT	\$19,080.00
8.89.	LINKEDIN - SALES NAVIGATOR ADVANCED PLUS (10-24 SEATS)	\$14,833.33
8.90.	LINKSQUARES, INC. - PREPAYMENT	\$48,470.33
8.91.	MARSH & MCLENNAN AGENCY, LLC - 06.22.2024-06.22.2025 - RENEWAL - CL CYBER LIABILITY	\$4,347.49
8.92.	MARSH & MCLENNAN AGENCY, LLC - 06.22.2024-06.22.2025 - RENEWAL - CL EXCESS D&O	\$3,384.00
8.93.	MARSH & MCLENNAN AGENCY, LLC - 06.22.2024-06.22.2025 - RENEWAL CL DIRECTOR/ OFFICERS LIAB	\$4,433.17
8.94.	MARSH & MCLENNAN AGENCY, LLC - 06.22.2024-06.22.2025 - RENEWAL: CL PRODUCTS LIABILITY	\$4,933.38
8.95.	MCMASTER-CARR - PREPAYMENT	\$2,625.12
8.96.	MESA LABORATORIES, INC - MESA LABS/VIEWPOINT RENEWAL	\$8,452.20
8.97.	METTLER-TOLEDO RAININ LLC - PREPAYMENT	\$500.00
8.98.	METTLER-TOLEDO, LLC - PREPAYMENT	\$500.00

(Name)

Case number (if known) 25-10823

Current value of
debtor's interest**8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT**

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.99.	MPAY, INC - PREPAYMENT	\$364.00
8.100.	NEINDA ADVISORS LLC - INDEPENDENT DIRECTOR PRO-RATED MAY FEES	\$30,000.00
8.101.	NUMARK TRANSPORTATION INC. - PREPAYMENT	\$2,800.00
8.102.	ORACLE AMERICA, INC. - NETSUITE RENEWAL - 24 MONTHS	\$28,607.60
8.103.	PAGERDUTY, INC. - LIVE CALL ROUTING, BUSINESS, EVENT INTELLIGENCE	\$2,705.00
8.104.	PATSNAP - RENEWAL FOR ACCESS TO A PATENT SEARCH PLATFORM	\$4,950.00
8.105.	PATSNAP - RENEWAL FOR ACCESS TO A PATENT SEARCH PLATFORM	\$2,475.00
8.106.	PC CARGO INCORPORATED - PREPAYMENT	\$3,000.00
8.107.	PIPETTE.COM - PREPAYMENT	\$2,416.18
8.108.	PRODUCTIV, INC. - SERVICE CONTRACT RENEWAL - PRODUCTIV SAAS AGREEMENT - YEAR 2	\$9,166.67
8.109.	PROMETHEUS ENGINEERING INC. - PO-27150 - SUITE A WASTE SYSTEM DESIGN	\$4,500.00
8.110.	QUALER, INC. - SERVICE CONTRACT RENEWAL (OLD PO-26297) - QUALER ANNUAL SUBSCRIPTION FOR 2024	\$1,933.33
8.111.	QUALIO - QUALIO SERVICE CONTRACT	\$43,541.67
8.112.	QUARLES & BRADY LLP - PREPAYMENT	\$38,000.00
8.113.	QUARTZY - PREPAYMENT	\$3,384.91
8.114.	QUARTZY - QUARTZY RENEWAL	\$3,750.00
8.115.	SALESFORCE.COM - SALESFORCE 2025 CONTRACT RENEWAL	\$142,955.22
8.116.	SALESFORCE.COM - SLACK ENTERPRISE SELECT 7/28/24 - 7/27/25, 170 USERS	\$10,200.00
8.117.	SALESFORCE.COM - TABLEAU - CREATOR (10), VIEWER (25)	\$3,000.00
8.118.	SALESFORCE.COM - TABLEAU CLOUD ENTERPRISE CREATOR/VIEWER	\$16,584.75
8.119.	SAN MATEO COUNTY TAX COLLECTOR [PO BOX 45878] - 955 CHARTER 2024-2025 PROPERTY TAX BILL- 01.2025-06.2025	\$39,048.85
8.120.	SHI - PREPAYMENT	\$43,669.85
8.121.	SIGMA-ALDRICH, INC. - 100% PREPAYMENT FOR AMIDIES	\$14,268.03
8.122.	SIGMA-ALDRICH, INC. - 100% PREPAYMENT FOR AMIDIES, PO-26371	\$67.04
8.123.	SIGMA-ALDRICH, INC. - 100% PREPAYMENT FOR AMIDIES, PO-266 75	\$269,805.08
8.124.	SMARTSHEET - 25XENTERPRISE PLAN W/ STANDARD SUPPORT, DATAMESH, DATA SHUTTLE	\$3,850.00
8.125.	SMARTSHEET - JIRA CONNECTOR	\$1,337.23
8.126.	SNOWFLAKE INC. - FIRST YEAR PO FOR OUR 2-YR SNOWFLAKE SUBSCRIPTION	\$11,000.00
8.127.	SOAPROJECTS, INC. - PREPAYMENT	\$906.67
8.128.	SP INDUSTRIES, INC. - GOLD CONTRACT - SERVICE CONTRACT FOR F2 LYOS	\$4,932.10
8.129.	SPECTRUM CHEMICAL MFG CORP - PREPAYMENT	\$2,000.00
8.130.	STRATASYS, INC. - EMERALD CARE STRATASYS	\$10,395.00
8.131.	SUPREME OPTIMIZATION, LLC - PREPAYMENT	\$1,469.00
8.132.	YSERCO, INC. - PREPAYMENT	\$27,085.75
8.133.	TALEND, INC. - TALEND SERVICE CONTRACT	\$8,000.00
8.134.	TELEPATH CORPORATION - ANNUAL ERT RADIO COST.	\$3,290.00
8.135.	THE BUILD FELLOWSHIP, LLC - FELLOWSHIP PROGRAM AND SALARY SHARE FEE FOR ANJANEI DHAYALAN Q2 2025	\$9,000.00
8.136.	THE WRIGHT LAW GROUP - PREPAYMENT	\$4,666.67
8.137.	THERMO ELECTRON NORTH AMERICA LLC - SERVICE CONTRACT FOR GC (10/2024 TO 10/2025)	\$5,465.46
8.138.	THERMO FISHER SCIENTIFIC (MILWAUKEE) LLC - PREPAYMENT	\$8,000.00

(Name)

Case number (if known) 25-10823

Current value of
debtor's interest**8. PREPAYMENTS, INCLUDING PREPAYMENTS ON EXECUTORY CONTRACTS, LEASES, INSURANCE, TAXES, AND RENT**

DESCRIPTION, INCLUDING NAME OF HOLDER OF PREPAYMENT

8.139.	THOMAS SCIENTIFIC - PREPAYMENT	\$52,132.53
8.140.	TTRUSTED TECH TEAM - PREPAYMENT	\$268.78
8.141.	UNIVERSAL JANITORIAL - PREPAYMENT	\$12,370.14
8.142.	VALIDATION SYSTEMS, INC. - PREPAYMENT	\$600.00
8.143.	WARSHCAPITAL LLC - MONTH OF MAY	\$30,000.00
8.144.	WATERS TECHNOLOGIES, INC - PREPAYMENT	\$2,511.24
8.145.	WATERS TECHNOLOGIES, INC - WATERS SERVICE CONTRACT FOR 3 QC EQUIPMENT	\$79,211.53
8.146.	WORLD COURIER - PREPAYMENT	\$6,829.17
8.147.	ZOOM - ZOOM RENEWAL FOR SYNTHEGO	\$7,462.13

9 Total of Part 2.

ADD LINES 7 THROUGH 8. COPY THE TOTAL TO LINE 81.

\$2,790,187.82

Part 3: ACCOUNTS RECEIVABLE**10. DOES THE DEBTOR HAVE ANY ACCOUNTS RECEIVABLE?**

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of
debtor's interest**11. ACCOUNTS RECEIVABLE**

90 DAYS OLD OR LESS	\$5,741,166.57	\$0.00	=	→	\$5,741,166.57
	face amount	doubtful or uncollectable accounts			
OVER 90 DAYS OLD	\$1,180,900.96	\$660,309.20	=	→	\$520,591.76
	face amount	doubtful or uncollectable accounts			

12 Total of Part 3.

CURRENT VALUE ON LINES 11A + 11B = LINE 12. COPY THE TOTAL TO LINE 82.

\$6,261,758.33

Part 4: INVESTMENTS**13. DOES THE DEBTOR OWN ANY INVESTMENTS?**

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method used
for current valueCurrent value of
debtor's interest**14. MUTUAL FUNDS OR PUBLICLY TRADED STOCKS NOT INCLUDED IN PART 1**

NAME OF FUND OR STOCK:

15. NON-PUBLICLY TRADED STOCK AND INTERESTS IN INCORPORATED AND UNINCORPORATED BUSINESSES, INCLUDING ANY INTEREST IN AN LLC, PARTNERSHIP, OR JOINT VENTURE**16. GOVERNMENT BONDS, CORPORATE BONDS, AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS NOT INCLUDED IN PART 1**

DESCRIBE:

(Name)

17 Total of Part 4.

ADD LINES 14 THROUGH 16. COPY THE TOTAL TO LINE 83.

NOT APPLICABLE

Part 5: INVENTORY, EXCLUDING AGRICULTURE ASSETS**18. DOES THE DEBTOR OWN ANY INVENTORY (EXCLUDING AGRICULTURE ASSETS)?**

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. RAW MATERIALS					
19.1.	RAW MATERIALS - CHEMICALS, REAGENTS, LAB CONSUMABLES	4/30/2025	\$3,834,616.33	AVERAGE COST	\$3,834,616.33
20. WORK IN PROGRESS					
20.1.	WIP - IMCS MOD SGRNA BASELINE	4/30/2025	\$49,885.58	AVERAGE COST	\$49,885.58
21. FINISHED GOODS, INCLUDING GOODS HELD FOR RESALE					
21.1.	FINISHED GOODS - WHOLE GENOME LIBRARIES	4/30/2025	\$1,612,961.00	AVERAGE COST	\$1,612,961.35
22. OTHER INVENTORY OR SUPPLIES	NONE				
23 Total of Part 5.	ADD LINES 19 THROUGH 22. COPY THE TOTAL TO LINE 84.				\$5,497,463.26
24. Is any of the property listed in Part 5 perishable?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Book value <u>\$254,972.92</u> Valuation method <u>cost</u> Current value <u>\$254,972.92</u>				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 6: FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)**27. DOES THE DEBTOR OWN OR LEASE ANY FARMING AND FISHING-RELATED ASSETS (OTHER THAN TITLED MOTOR VEHICLES AND LAND)?**

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. CROPS—EITHER PLANTED OR HARVESTED				
29. FARM ANIMALS EXAMPLES: LIVESTOCK, POULTRY, FARM-RAISED FISH EXAMPLES:	LIVESTOCK, POULTRY, FARM-RAISED FISH			
30. FARM MACHINERY AND EQUIPMENT (OTHER THAN TITLED MOTOR VEHICLES) (OTHER THAN TITLED MOTOR VEHICLES)				
31. FARM AND FISHING SUPPLIES, CHEMICALS, AND FEED				
32. OTHER FARMING AND FISHING-RELATED PROPERTY NOT ALREADY LISTED IN PART 6				

(Name)

Case number (known) 25-10823

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
32. OTHER FARMING AND FISHING-RELATED PROPERTY NOT ALREADY LISTED IN PART 6			
33 Total of Part 6. ADD LINES 28 THROUGH 32. COPY THE TOTAL TO LINE 85.			NOT APPLICABLE
34. Is the debtor a member of an agricultural cooperative? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative ? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
36. Is a depreciation schedule available for any of the property listed in Part 6? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 7: OFFICE FURNITURE, FIXTURES, AND EQUIPMENT; AND COLLECTIBLES			
38. DOES THE DEBTOR OWN OR LEASE ANY OFFICE FURNITURE, FIXTURES, EQUIPMENT, OR COLLECTIBLES? <input type="checkbox"/> No. Go to Part 8. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. OFFICE FURNITURE			
39.1. OFFICE DESK, PHONE BOOTHS, FORKLIFT	\$107,506.34	- STATED AT COST LESS ACCUMULATED DEPRECIATION - STRAIGHT LINE METHOD OVER ESTIMATED USEFUL LIFE	\$107,506.34
40. OFFICE FIXTURES NONE			
41. OFFICE EQUIPMENT, INCLUDING ALL COMPUTER EQUIPMENT AND COMMUNICATION SYSTEMS EQUIPMENT AND SOFTWARE			
41.1. COMPUTER EQUIPMENT, SERVERS, SOLIDWORKS LICENSING	\$220,193.71	- STATED AT COST LESS ACCUMULATED DEPRECIATION - STRAIGHT LINE METHOD OVER ESTIMATED USEFUL LIFE	\$220,193.71
42. COLLECTIBLES <i>EXAMPLES:</i> ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR OTHER ART OBJECTS; CHINA AND CRYSTAL; STAMP, COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, OR COLLECTIBLES NONE			
43 Total of Part 7. ADD LINES 39 THROUGH 42. COPY THE TOTAL TO LINE 86.			\$327,700.05

(Name)

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: MACHINERY, EQUIPMENT, AND VEHICLES**46. DOES THE DEBTOR OWN OR LEASE ANY MACHINERY, EQUIPMENT, OR VEHICLES?**

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of
debtor's interest**
(Where available)**Valuation method used
for current value****Current value of
debtor's interest****47. AUTOMOBILES, VANS, TRUCKS, MOTORCYCLES, TRAILERS, AND TITLED FARM VEHICLES**

47.1.	199 FORD, E450 SUPER DUTY [VIN 1FDXE40FXXHB91218]	\$140,000.00	\$140,000.00
47.2.	2020 ISUZU, NPR HD [VIN 54DC4W1B9LS806959]	\$66,000.00	\$66,000.00

48. WATERCRAFT, TRAILERS, MOTORS, AND RELATED ACCESSORIES EXAMPLES: BOATS, TRAILERS, MOTORS, FLOATING HOMES, PERSONAL WATERCRAFT, AND FISHING VESSELS

NONE

49. AIRCRAFT AND ACCESSORIES

NONE

50. OTHER MACHINERY, FIXTURES, AND EQUIPMENT (EXCLUDING FARM MACHINERY AND EQUIPMENT)

50.1.	FREEZER, BUNKER CABINET, BIOREACTOR PROJECT, GMP LAB	\$7,259,893.71	- STATED AT COST LESS ACCUMULATED DEPRECIATION - STRAIGHT LINE METHOD OVER ESTIMATED USEFUL LIFE	\$7,259,893.71
50.2.	GMP AKTA FLUX '6', AKTA OLIGOPILOT 400 DNA/RNA, LAB SERIES STREAM STERILIZER	\$1,527,339.84	- STATED AT COST LESS ACCUMULATED DEPRECIATION - STRAIGHT LINE METHOD OVER ESTIMATED USEFUL LIFE	\$1,527,339.84

51. Total of Part 8.
ADD LINES 47 THROUGH 50. COPY THE TOTAL TO LINE 87.

\$8,993,233.55

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

(Name)

Part 9: REAL PROPERTY**54. DOES THE DEBTOR OWN OR LEASE ANY REAL PROPERTY?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. ANY BUILDING, OTHER IMPROVED REAL ESTATE, OR LAND WHICH THE DEBTOR OWNS OR IN WHICH THE DEBTOR HAS AN INTEREST

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. LOCATION: 3696 HAVEN, 3585 HAVEN, F2 (955 CHARTER) & 3698 HAVEN DESCRIPTION: INCLUDING HVAC, CLEANROOM EXPANSION, GMP EXHAUST, ETC	LEASEHOLD	UNKNOWN		UNKNOWN

56 Total of Part 9.

ADD THE CURRENT VALUE ON LINES 55.1 THROUGH 55.6 AND ENTRIES FROM ANY
ADDITIONAL SHEETS. COPY THE TOTAL TO LINE 88.

UNDETERMINED

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: INTANGIBLES AND INTELLECTUAL PROPERTY**59. DOES THE DEBTOR HAVE ANY INTERESTS IN INTANGIBLES OR INTELLECTUAL PROPERTY?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS			
60.1. PATENT - AUTOMATED MODULAR SYSTEM AND METHOD FOR PRODUCTION OF BIOPOLYMERS APP NO. 14/866,091 [GRANTED]	UNDETERMINED	NONE	UNDETERMINED
60.2. PATENT - AUTOMATED MODULAR SYSTEM AND METHOD FOR PRODUCTION OF BIOPOLYMERS APP NO. 16/027,982 [GRANTED]	UNDETERMINED	NONE	UNDETERMINED
60.3. PATENT - AUTOMATED MODULAR SYSTEM AND METHOD FOR PRODUCTION OF BIOPOLYMERS APP NO. 16/746,729 [GRANTED]	UNDETERMINED	NONE	UNDETERMINED
60.4. PATENT - AUTOMATED MODULAR SYSTEM AND METHOD FOR PRODUCTION OF BIOPOLYMERS APP NO. 17/021,616 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.5. PATENT - AUTOMATED MODULAR SYSTEM AND METHOD FOR PRODUCTION OF BIOPOLYMERS APP NO. 18925404.8 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.6. PATENT - AUTOMATED MODULAR SYSTEM AND METHOD FOR PRODUCTION OF BIOPOLYMERS APP NO. 2101021 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.7. PATENT - BIOPOLYMER SYNTHESIS SYSTEM AND METHOD APP NO. 16/989,593 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.8. PATENT - BIOPOLYMER SYNTHESIS SYSTEM AND METHOD APP NO. 18853902.7 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED

(Name)

Case number (if known) 25-10823

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS				
60.9.	PATENT - BIOPOLYMER SYNTHESIS SYSTEM AND METHOD APP NO. 2004065.5 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.10.	PATENT - CELL CULTURE LASER PHOTOABLATION APP NO. 16/803,218 [GRANTED]	UNDETERMINED	NONE	UNDETERMINED
60.11.	PATENT - CELL CULTURE LASER PHOTOABLATION APP NO. 17/307,962 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.12.	PATENT - CELL CULTURE LASER PHOTOABLATION APP NO. 20763616.8 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.13.	PATENT - CELL CULTURE LASER PHOTOABLATION APP NO. US2020/020225 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.14.	PATENT - DEVICES AND METHODS FOR TRANSFECTION AND GENERATION OF CLONAL POPULATION CELLS APP NO. US2021/014218 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.15.	PATENT - GENETIC VARIANT PANELS AND METHODS OF GENERATION AND USE THEREOF APP NO. 17/174,902 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.16.	PATENT - GENETIC VARIANT PANELS AND METHODS OF GENERATION AND USE THEREOF APP NO. 20855845.2 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.17.	PATENT - GENETIC VARIANT PANELS AND METHODS OF GENERATION AND USE THEREOF APP NO. 2103048.1 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.18.	PATENT - GENETIC VARIANT PANELS AND METHODS OF GENERATION AND USE THEREOF APP NO. US2020/052304 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.19.	PATENT - GENETICALLY MODIFIED CELLS EXPRESSING ANTIGEN-CONTAINING FUSION PROTEINS AND USES THEREOF APP NO. 63/160,382 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.20.	PATENT - METHODS AND SYSTEMS FOR GUIDE RNA DESIGN AND USE APP NO. 10-2020-7036117 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.21.	PATENT - METHODS AND SYSTEMS FOR GUIDE RNA DESIGN AND USE APP NO. 16/418,893 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.22.	PATENT - METHODS AND SYSTEMS FOR GUIDE RNA DESIGN AND USE APP NO. 17/116,791 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.23.	PATENT - METHODS AND SYSTEMS FOR GUIDE RNA DESIGN AND USE APP NO. 19804415.8 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.24.	PATENT - METHODS AND SYSTEMS FOR GUIDE RNA DESIGN AND USE APP NO. 2019759.6 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.25.	PATENT - METHODS AND SYSTEMS FOR GUIDE RNA DESIGN AND USE APP NO. 201980047559 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.26.	PATENT - METHODS AND SYSTEMS FOR GUIDE RNA DESIGN AND USE APP NO. 2021-514944 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.27.	PATENT - METHODS FOR ANALYZING NUCLEIC ACID SEQUENCES APP NO. 16/671,979 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.28.	PATENT - STABILIZED CRISPR COMPLEXES APP NO. 10-2021-7023500 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.29.	PATENT - STABILIZED CRISPR COMPLEXES APP NO. 17/384,417 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.30.	PATENT - STABILIZED CRISPR COMPLEXES APP NO. 2020318916 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.31.	PATENT - STABILIZED CRISPR COMPLEXES APP NO. 202080028119.3 [PENDING]	UNDETERMINED	NONE	UNDETERMINED

(Name)

Case number (if known) 25-10823

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS				
60.32.	PATENT - STABILIZED CRISPR COMPLEXES APP NO. 2021-543279 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.33.	PATENT - STABILIZED CRISPR COMPLEXES APP NO. 20843593.3 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.34.	PATENT - STABILIZED CRISPR COMPLEXES APP NO. 2110535.8 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.35.	PATENT - STABILIZED CRISPR COMPLEXES APP NO. 3127684 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.36.	PATENT - STABILIZED CRISPR COMPLEXES APP NO. US2020/042681 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.37.	PATENT - SYSTEMS AND METHODS FOR MODULATING CRISPR ACTIVITY APP NO. 10-2021-7023538 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.38.	PATENT - SYSTEMS AND METHODS FOR MODULATING CRISPR ACTIVITY APP NO. 17/384,328 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.39.	PATENT - SYSTEMS AND METHODS FOR MODULATING CRISPR ACTIVITY APP NO. 2020210884 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.40.	PATENT - SYSTEMS AND METHODS FOR MODULATING CRISPR ACTIVITY APP NO. 202080024105.4 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.41.	PATENT - SYSTEMS AND METHODS FOR MODULATING CRISPR ACTIVITY APP NO. 2021-543277 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.42.	PATENT - SYSTEMS AND METHODS FOR MODULATING CRISPR ACTIVITY APP NO. 20744712.9 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.43.	PATENT - SYSTEMS AND METHODS FOR MODULATING CRISPR ACTIVITY APP NO. 2110534.1 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.44.	PATENT - SYSTEMS AND METHODS FOR MODULATING CRISPR ACTIVITY APP NO. 3127486 [PUBLISHED]	UNDETERMINED	NONE	UNDETERMINED
60.45.	PATENT - SYSTEMS AND METHODS FOR PROCESSING CELLS APP NO. 63/138,197 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.46.	PATENT - SYSTEMS AND METHODS FOR PROCESSING CELLS APP NO. 63/225,383 [PENDING]	UNDETERMINED	NONE	UNDETERMINED
60.47.	TRADEMARK - CRISPREVOLUTION, APP. NO. 1824484 [CANADA]	UNDETERMINED	NONE	UNDETERMINED
60.48.	TRADEMARK - CRISPREVOLUTION, REG. NO. 1 346 968 [INTERNATIONAL BUREAU (WIPO)]	UNDETERMINED	NONE	UNDETERMINED
60.49.	TRADEMARK - CRISPREVOLUTION, REG. NO. 1346968 [AUSTRALIA]	UNDETERMINED	NONE	UNDETERMINED
60.50.	TRADEMARK - CRISPREVOLUTION, REG. NO. 1346968 [CHINA]	UNDETERMINED	NONE	UNDETERMINED
60.51.	TRADEMARK - CRISPREVOLUTION, REG. NO. 1346968 [EUROPEAN UNION]	UNDETERMINED	NONE	UNDETERMINED
60.52.	TRADEMARK - CRISPREVOLUTION, REG. NO. 1346968 [INDIA]	UNDETERMINED	NONE	UNDETERMINED
60.53.	TRADEMARK - CRISPREVOLUTION, REG. NO. 1346968 [ISRAEL]	UNDETERMINED	NONE	UNDETERMINED
60.54.	TRADEMARK - CRISPREVOLUTION, REG. NO. 1346968 [JAPAN]	UNDETERMINED	NONE	UNDETERMINED
60.55.	TRADEMARK - CRISPREVOLUTION, REG. NO. 1346968 [REPUBLIC OF KOREA]	UNDETERMINED	NONE	UNDETERMINED
60.56.	TRADEMARK - CRISPREVOLUTION, REG. NO. 1346968 [RUSSIAN FEDERATION]	UNDETERMINED	NONE	UNDETERMINED
60.57.	TRADEMARK - CRISPREVOLUTION, REG. NO. 1346968 [SINGAPORE]	UNDETERMINED	NONE	UNDETERMINED

(Name)

Case number (known) 25-10823

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS				
60.58.	TRADEMARK - CRISPREVOLUTION, REG. NO. 1346968 [SWITZERLAND]	UNDETERMINED	NONE	UNDETERMINED
60.59.	TRADEMARK - CRISPREVOLUTION, REG. NO. 5171152 [UNITED STATES OF AMERICA]	UNDETERMINED	NONE	UNDETERMINED
60.60.	TRADEMARK - SYNTHIGO & DESIGN, APP. NO. 1591959 [CHINA]	UNDETERMINED	NONE	UNDETERMINED
60.61.	TRADEMARK - SYNTHIGO & DESIGN, APP. NO. 1591959 [INDIA]	UNDETERMINED	NONE	UNDETERMINED
60.62.	TRADEMARK - SYNTHIGO & DESIGN, APP. NO. 1591959 [NORWAY]	UNDETERMINED	NONE	UNDETERMINED
60.63.	TRADEMARK - SYNTHIGO & DESIGN, APP. NO. 1591959 [REPUBLIC OF KOREA]	UNDETERMINED	NONE	UNDETERMINED
60.64.	TRADEMARK - SYNTHIGO & DESIGN, APP. NO. 1591959 [RUSSIAN FEDERATION]	UNDETERMINED	NONE	UNDETERMINED
60.65.	TRADEMARK - SYNTHIGO & DESIGN, APP. NO. 1591959 [SWITZERLAND]	UNDETERMINED	NONE	UNDETERMINED
60.66.	TRADEMARK - SYNTHIGO & DESIGN, APP. NO. 2021356962 [JAPAN]	UNDETERMINED	NONE	UNDETERMINED
60.67.	TRADEMARK - SYNTHIGO & DESIGN, APP. NO. 2108166 [CANADA]	UNDETERMINED	NONE	UNDETERMINED
60.68.	TRADEMARK - SYNTHIGO & DESIGN, APP. NO. 339548 [ISRAEL]	UNDETERMINED	NONE	UNDETERMINED
60.69.	TRADEMARK - SYNTHIGO & DESIGN, APP. NO. 40202111876X [SINGAPORE]	UNDETERMINED	NONE	UNDETERMINED
60.70.	TRADEMARK - SYNTHIGO & DESIGN, REG. NO. 1591959 [EUROPEAN UNION]	UNDETERMINED	NONE	UNDETERMINED
60.71.	TRADEMARK - SYNTHIGO & DESIGN, REG. NO. 1591959 [INTERNATIONAL BUREAU (WIPO)]	UNDETERMINED	NONE	UNDETERMINED
60.72.	TRADEMARK - SYNTHIGO & DESIGN, REG. NO. 1591959 [UNITED KINGDOM]	UNDETERMINED	NONE	UNDETERMINED
60.73.	TRADEMARK - SYNTHIGO & DESIGN, REG. NO. 2180087 [AUSTRALIA]	UNDETERMINED	NONE	UNDETERMINED
60.74.	TRADEMARK - SYNTHIGO & DESIGN, REG. NO. 6360160 [UNITED STATES OF AMERICA]	UNDETERMINED	NONE	UNDETERMINED
60.75.	TRADEMARK - SYNTHIGO DESIGN (BLACK STRIPES), APP. NO. 1581794 [INDIA]	UNDETERMINED	NONE	UNDETERMINED
60.76.	TRADEMARK - SYNTHIGO DESIGN (BLACK STRIPES), APP. NO. 1581794 [JAPAN]	UNDETERMINED	NONE	UNDETERMINED
60.77.	TRADEMARK - SYNTHIGO DESIGN (BLACK STRIPES), APP. NO. 1581794 [NORWAY]	UNDETERMINED	NONE	UNDETERMINED
60.78.	TRADEMARK - SYNTHIGO DESIGN (BLACK STRIPES), APP. NO. 1581794 [REPUBLIC OF KOREA]	UNDETERMINED	NONE	UNDETERMINED
60.79.	TRADEMARK - SYNTHIGO DESIGN (BLACK STRIPES), APP. NO. 1581794 [SINGAPORE]	UNDETERMINED	NONE	UNDETERMINED
60.80.	TRADEMARK - SYNTHIGO DESIGN (BLACK STRIPES), APP. NO. 1581794 [SWITZERLAND]	UNDETERMINED	NONE	UNDETERMINED
60.81.	TRADEMARK - SYNTHIGO DESIGN (BLACK STRIPES), APP. NO. 2092650 [CANADA]	UNDETERMINED	NONE	UNDETERMINED
60.82.	TRADEMARK - SYNTHIGO DESIGN (BLACK STRIPES), REG. NO. 1581794 [AUSTRALIA]	UNDETERMINED	NONE	UNDETERMINED
60.83.	TRADEMARK - SYNTHIGO DESIGN (BLACK STRIPES), REG. NO. 1581794 [CHINA]	UNDETERMINED	NONE	UNDETERMINED

(Name)

Case number (known) 25-10823

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS				
60.84.	TRADEMARK - SYNTHEGO DESIGN (BLACK STRIPES), REG. NO. 1581794 [EUROPEAN UNION]	UNDETERMINED	NONE	UNDETERMINED
60.85.	TRADEMARK - SYNTHEGO DESIGN (BLACK STRIPES), REG. NO. 1581794 [INTERNATIONAL BUREAU (WIPO)]	UNDETERMINED	NONE	UNDETERMINED
60.86.	TRADEMARK - SYNTHEGO DESIGN (BLACK STRIPES), REG. NO. 1581794 [ISRAEL]	UNDETERMINED	NONE	UNDETERMINED
60.87.	TRADEMARK - SYNTHEGO DESIGN (BLACK STRIPES), REG. NO. 1581794 [RUSSIAN FEDERATION]	UNDETERMINED	NONE	UNDETERMINED
60.88.	TRADEMARK - SYNTHEGO DESIGN (BLACK STRIPES), REG. NO. 1581794 [UNITED KINGDOM]	UNDETERMINED	NONE	UNDETERMINED
60.89.	TRADEMARK - SYNTHEGO DESIGN (BLACK STRIPES), REG. NO. 6360155 [UNITED STATES OF AMERICA]	UNDETERMINED	NONE	UNDETERMINED
60.90.	TRADEMARK - SYNTHEGO, APP. NO. 1573167 [CHINA]	UNDETERMINED	NONE	UNDETERMINED
60.91.	TRADEMARK - SYNTHEGO, APP. NO. 1573167 [INDIA]	UNDETERMINED	NONE	UNDETERMINED
60.92.	TRADEMARK - SYNTHEGO, APP. NO. 1573167 [JAPAN]	UNDETERMINED	NONE	UNDETERMINED
60.93.	TRADEMARK - SYNTHEGO, APP. NO. 1573167 [NORWAY]	UNDETERMINED	NONE	UNDETERMINED
60.94.	TRADEMARK - SYNTHEGO, APP. NO. 1573167 [REPUBLIC OF KOREA]	UNDETERMINED	NONE	UNDETERMINED
60.95.	TRADEMARK - SYNTHEGO, APP. NO. 1573167 [RUSSIAN FEDERATION]	UNDETERMINED	NONE	UNDETERMINED
60.96.	TRADEMARK - SYNTHEGO, APP. NO. 1573167 [SWITZERLAND]	UNDETERMINED	NONE	UNDETERMINED
60.97.	TRADEMARK - SYNTHEGO, APP. NO. 1824485 [CANADA]	UNDETERMINED	NONE	UNDETERMINED
60.98.	TRADEMARK - SYNTHEGO, APP. NO. 2082202 [CANADA]	UNDETERMINED	NONE	UNDETERMINED
60.99.	TRADEMARK - SYNTHEGO, APP. NO. 40202102960T [SINGAPORE]	UNDETERMINED	NONE	UNDETERMINED
60.100.	TRADEMARK - SYNTHEGO, REG. NO. 1 346 203 [INTERNATIONAL BUREAU (WIPO)]	UNDETERMINED	NONE	UNDETERMINED
60.101.	TRADEMARK - SYNTHEGO, REG. NO. 1346203 [AUSTRALIA]	UNDETERMINED	NONE	UNDETERMINED
60.102.	TRADEMARK - SYNTHEGO, REG. NO. 1346203 [CHINA]	UNDETERMINED	NONE	UNDETERMINED
60.103.	TRADEMARK - SYNTHEGO, REG. NO. 1346203 [EUROPEAN UNION]	UNDETERMINED	NONE	UNDETERMINED
60.104.	TRADEMARK - SYNTHEGO, REG. NO. 1346203 [ISRAEL]	UNDETERMINED	NONE	UNDETERMINED
60.105.	TRADEMARK - SYNTHEGO, REG. NO. 1346203 [JAPAN]	UNDETERMINED	NONE	UNDETERMINED
60.106.	TRADEMARK - SYNTHEGO, REG. NO. 1346203 [NORWAY]	UNDETERMINED	NONE	UNDETERMINED
60.107.	TRADEMARK - SYNTHEGO, REG. NO. 1346203 [REPUBLIC OF KOREA]	UNDETERMINED	NONE	UNDETERMINED
60.108.	TRADEMARK - SYNTHEGO, REG. NO. 1346203 [RUSSIAN FEDERATION]	UNDETERMINED	NONE	UNDETERMINED
60.109.	TRADEMARK - SYNTHEGO, REG. NO. 1346203 [SINGAPORE]	UNDETERMINED	NONE	UNDETERMINED
60.110.	TRADEMARK - SYNTHEGO, REG. NO. 1346203 [SWITZERLAND]	UNDETERMINED	NONE	UNDETERMINED
60.111.	TRADEMARK - SYNTHEGO, REG. NO. 1573167 [AUSTRALIA]	UNDETERMINED	NONE	UNDETERMINED
60.112.	TRADEMARK - SYNTHEGO, REG. NO. 1573167 [EUROPEAN UNION]	UNDETERMINED	NONE	UNDETERMINED
60.113.	TRADEMARK - SYNTHEGO, REG. NO. 1573167 [INTERNATIONAL BUREAU (WIPO)]	UNDETERMINED	NONE	UNDETERMINED

(Name)

Case number (if known) 25-10823

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. PATENTS, COPYRIGHTS, TRADEMARKS, AND TRADE SECRETS				
60.114.	TRADEMARK - SYNTHEGO, REG. NO. 1573167 [ISRAEL]	UNDETERMINED	NONE	UNDETERMINED
60.115.	TRADEMARK - SYNTHEGO, REG. NO. 1573167 [UNITED KINGDOM]	UNDETERMINED	NONE	UNDETERMINED
60.116.	TRADEMARK - SYNTHEGO, REG. NO. 3564478 [INDIA]	UNDETERMINED	NONE	UNDETERMINED
60.117.	TRADEMARK - SYNTHEGO, REG. NO. 5171178 [UNITED STATES OF AMERICA]	UNDETERMINED	NONE	UNDETERMINED
60.118.	TRADEMARK - SYNTHEGO, REG. NO. 6360159 [UNITED STATES OF AMERICA]	UNDETERMINED	NONE	UNDETERMINED
60.119.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 1610977 [CHINA]	UNDETERMINED	NONE	UNDETERMINED
60.120.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 1610977 [EUROPEAN UNION]	UNDETERMINED	NONE	UNDETERMINED
60.121.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 1610977 [INDIA]	UNDETERMINED	NONE	UNDETERMINED
60.122.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 1610977 [JAPAN]	UNDETERMINED	NONE	UNDETERMINED
60.123.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 1610977 [NORWAY]	UNDETERMINED	NONE	UNDETERMINED
60.124.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 1610977 [REPUBLIC OF KOREA]	UNDETERMINED	NONE	UNDETERMINED
60.125.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 1610977 [RUSSIAN FEDERATION]	UNDETERMINED	NONE	UNDETERMINED
60.126.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 1610977 [SWITZERLAND]	UNDETERMINED	NONE	UNDETERMINED
60.127.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 1610977 [UNITED KINGDOM]	UNDETERMINED	NONE	UNDETERMINED
60.128.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 2131066 [CANADA]	UNDETERMINED	NONE	UNDETERMINED
60.129.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 2207288 [AUSTRALIA]	UNDETERMINED	NONE	UNDETERMINED
60.130.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 343128 [ISRAEL]	UNDETERMINED	NONE	UNDETERMINED
60.131.	TRADEMARK - WORLD CRISPR DAY, APP. NO. 40202121189W [SINGAPORE]	UNDETERMINED	NONE	UNDETERMINED
60.132.	TRADEMARK - WORLD CRISPR DAY, REG. NO. 1610977 [INTERNATIONAL BUREAU (WIPO)]	UNDETERMINED	NONE	UNDETERMINED
60.133.	TRADEMARK - WORLD CRISPR DAY, REG. NO. 6522503 [UNITED STATES OF AMERICA]	UNDETERMINED	NONE	UNDETERMINED
61. INTERNET DOMAIN NAMES AND WEBSITES				
61.1.	CRISPRKIT.COM	\$0.00	N/A	UNDETERMINED
61.2.	CRISPRRTUTORIAL.COM	\$0.00	N/A	UNDETERMINED
61.3.	SYNTHEGO.AT	\$0.00	N/A	UNDETERMINED
61.4.	SYNTHEGO.CLINIC	\$0.00	N/A	UNDETERMINED
61.5.	SYNTHEGO.COM	\$0.00	N/A	UNDETERMINED
61.6.	SYNTHEGO.NET	\$0.00	N/A	UNDETERMINED
61.7.	SYNTHEGO.ORG	\$0.00	N/A	UNDETERMINED
61.8.	SYNTHEGOCORPORATION.COM	\$0.00	N/A	UNDETERMINED
61.9.	SYNTHEGOCORPORATION.COM	\$0.00	N/A	UNDETERMINED
61.10.	WORLDCRIPSRDAY.COM	\$0.00	N/A	UNDETERMINED

(Name)

Case number (known)

25-10823

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
62. LICENSES, FRANCHISES, AND ROYALTIES			
63. CUSTOMER LISTS, MAILING LISTS, OR OTHER COMPILATIONS			
63.1. CUSTOMER LISTS	\$0.00	N/A	UNDETERMINED
63.2. MAILING LISTS	\$0.00	N/A	UNDETERMINED
64. OTHER INTANGIBLES, OR INTELLECTUAL PROPERTY			
65. GOODWILL			
66 Total of Part 10. ADD LINES 60 THROUGH 65. COPY THE TOTAL TO LINE 89.			UNDETERMINED
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 11: ALL OTHER ASSETS			
70. DOES THE DEBTOR OWN ANY OTHER ASSETS THAT HAVE NOT YET BEEN REPORTED ON THIS FORM? INCLUDE ALL INTERESTS IN EXECUTORY CONTRACTS AND UNEXPIRED LEASES NOT PREVIOUSLY REPORTED ON THIS FORM. <input type="checkbox"/> No. Go to Part 12. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
			Current value of debtor's interest
71. NOTES RECEIVABLE DESCRIPTION (INCLUDE NAME OF OBLIGOR)			
72. TAX REFUNDS AND UNUSED NET OPERATING LOSSES (NOLS) DESCRIPTION (FOR EXAMPLE, FEDERAL, STATE, LOCAL)			
72.1. EMPLOYEE RETENTION CREDITS		Tax year	UNDETERMINED
72.2. NET OPERATING LOSS, FEDERAL (DO NOT EXPIRE) AS OF 12.31.2023		Tax year (POST DECEMBER 31, 2017)	UNDETERMINED
72.3. NET OPERATING LOSS, FEDERAL (EXPIRE BETWEEN 2032 - 2037) AS OF 12.31.2023		Tax year PRE-JANUAR Y 1, 2018	UNDETERMINED
72.4. NET OPERATING LOSS, STATE (DO NOT EXPIRE) AS OF 12.31.2023		Tax year	UNDETERMINED
72.5. NET OPERATING LOSS, STATE (EXPIRE BETWEEN 2032 – 2043) AS OF 12.31.2023		Tax year	UNDETERMINED
72.6. RESEARCH AND DEVELOPMENT TAX CREDIT, FEDERAL (EXPIRES BETWEEN 2032 - 2043) AS OF 12.31.2023		Tax year	UNDETERMINED
72.7. RESEARCH AND DEVELOPMENT TAX CREDIT, STATE (DO NOT EXPIRE) AS OF 12.31.2023		Tax year	UNDETERMINED
73. INTERESTS IN INSURANCE POLICIES OR ANNUITIES			
74. CAUSES OF ACTION AGAINST THIRD PARTIES (WHETHER OR NOT A LAWSUIT HAS BEEN FILED)			

(Name)

Case number (if known) 25-10823

Current value of
debtor's interest

75. OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OR CAUSES OF ACTION OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHTS TO SET OFF CLAIMS

76. TRUSTS, EQUITABLE OR FUTURE INTERESTS IN PROPERTY

77. OTHER PROPERTY OF ANY KIND NOT ALREADY LISTED EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP EXAMPLES: SEASON TICKETS, COUNTRY CLUB MEMBERSHIP

78 Total of Part 11.
ADD LINES 71 THROUGH 77. COPY THE TOTAL TO LINE 90.

UNDETERMINED

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$955,611.83	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$2,790,187.82	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$6,261,758.33	
83. Investments. <i>Copy line 17, Part 4.</i>		
84. Inventory. <i>Copy line 23, Part 5.</i>	\$5,497,463.26	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>		
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$327,700.05	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$8,993,233.55	
88. Real property. <i>Copy line 56, Part 9.</i> →		UNDETERMINED
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. All other assets. <i>Copy line 78, Part 11.</i>	+	UNDETERMINED
91. Total. Add lines 80 through 90 for each column. 91a.	\$24,825,954.84	+ 91b. UNDETERMINED
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$24,825,954.84

Fill in this information to identify the case:Debtor Synthego CorporationUnited States Bankruptcy Court for the: District of DelawareCase number 25-10823
(if known)☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Creditors with Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.*Column A**Column B***Amount of claim****Value of collateral that supports this claim***Do not deduct the value of collateral.*2.1 **Creditor's name**
PERCEPTIVE CREDIT HOLDINGS III, LP**Creditor's mailing address**51 ASTOR PLACE, 10TH FLOOR
NEW YORK, NY 10003**Creditor's email address**

SANDEEP@PERCEPTIVELIFE.COM

Date or dates debt was incurred

1/24/2022

Last 4 digits of account number: N/A**Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes

Describe debtor's property that is subject to a lien

ALL ASSETS OF THE DEBTOR

Describe the lien

SECURED FIRST-PRIORITY LIENS

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$73,411,918.28

UNKNOWN

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$73,411,918.28

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and Address**On which line in Part
1 did you enter the
related creditor?****Last 4 digits of
account number
for this entity**

PERCEPTIVE CR. HOLDINGS III LP
C/O MORRISON & FOERESTER LLP
ATTN: JAMES NEWTON, MIRANDA RUSSELL
J. KRENN, D. MCKENZIE, W. WINSETT
250 W 55TH ST
NEW YORK, NY 10019-9601

Line 2.1

PERCEPTIVE CREDIT HOLDINGS III, LP
C/O POTTER ANDERSON & CORROON LLP
ATTN CHRISTOPHER SAMIS, BRETT
HAYWOOD, SHANNON FORSHAY
1313 N. MARKET ST, 6TH FLR
WILMINGTON, DE 19801

Line 2.1

Fill in this information to identify the case:Debtor Synthego CorporationUnited States Bankruptcy Court for the: District of DelawareCase number
(if known) 25-10823☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address ADAMS COUNTY TREASURER'S OFFICE 4430 S. ADAMS COUNTY PKWY SUITE C2436 BRIGHTON, CO 80601 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.2	Priority creditor's name and mailing address ALAMEDA COUNTY AUDITOR-CONTROLLER'S OFFICE 1221 OAK STREET ROOM 249 OAKLAND, CA 94612 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.3	Priority creditor's name and mailing address ALAMEDA COUNTY AUDITOR-CONTROLLER'S OFFICE 1221 OAK STREET ROOM 249 OAKLAND, CA 94612 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.4	Priority creditor's name and mailing address ALAMEDA COUNTY AUDITOR-CONTROLLER'S OFFICE 1221 OAK STREET ROOM 249 OAKLAND, CA 94612 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.5	Priority creditor's name and mailing address ALLEGHENY COUNTY TREASURER'S OFFICE 436 GRANT STREET ROOM 108 PITTSBURGH, PA 15219 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.6	Priority creditor's name and mailing address BLUE EARTH COUNTY PUBLIC WORKS 35 MAP DRIVE MANKATO, MN 56001 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.7	Priority creditor's name and mailing address CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION (CDTFA) 450 N STREET SACRAMENTO, CA 95814 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.8	Priority creditor's name and mailing address CHEROKEE COUNTY TAX ASSESSOR-COLLECTOR 135 S. MAIN STREET RUSK, TX 75785 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.9	Priority creditor's name and mailing address CITY OF ALAMEDA FINANCE DEPARTMENT 2263 SANTA CLARA AVE ALAMEDA, CA 94501 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.10	Priority creditor's name and mailing address CITY OF ATLANTA DEPARTMENT OF FINANCE 68 MITCHELL ST SW SUITE 1400 ATLANTA, GA 30303 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.11	Priority creditor's name and mailing address CITY OF ATLANTA DEPARTMENT OF FINANCE 68 MITCHELL STREET SW SUITE 1400 ATLANTA, GA 30303 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.12	Priority creditor's name and mailing address CITY OF AUSTIN FINANCE DEPARTMENT 500 4TH AVE NE AUSTIN, MN 55912 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.13	Priority creditor's name and mailing address CITY OF BRISBANE FINANCE DEPARTMENT 50 PARK PLACE BRISBANE, CA 94005 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.14	Priority creditor's name and mailing address CITY OF CHICAGO DEPARTMENT OF FINANCE 121 N LASALLE ST 7TH FLOOR CHICAGO, IL 60602 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.15	Priority creditor's name and mailing address CITY OF DAVIS FINANCE DEPARTMENT 23 RUSSELL BLVD DAVIS, CA 95616 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.16	Priority creditor's name and mailing address CITY OF DUARTE FINANCE DIVISION 1600 HUNTINGTON DR DUARTE, CA 91010 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.17	Priority creditor's name and mailing address CITY OF GOLETA FINANCE DEPARTMENT 130 CREMONA DR GOLETA, CA 93117 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.18	Priority creditor's name and mailing address CITY OF HAYWARD FINANCE DEPARTMENT 777 B ST HAYWARD, CA 94541 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.19	Priority creditor's name and mailing address CITY OF HOUSTON FINANCE DEPARTMENT 611 WALKER ST HOUSTON, TX 77002 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.20	Priority creditor's name and mailing address CITY OF MANKATO FINANCE DEPARTMENT 10 CIVIC CENTER PLAZA MANKATO, MN 56001 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.21	Priority creditor's name and mailing address CITY OF MEMPHIS FINANCE DIVISION 125 N MAIN ST ROOM 301 MEMPHIS, TN 38103 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.22	Priority creditor's name and mailing address CITY OF MINNEAPOLIS FINANCE DEPARTMENT 350 S 5TH ST ROOM 325M MINNEAPOLIS, MN 55415 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.23	Priority creditor's name and mailing address CITY OF NOVATO FINANCE DEPARTMENT 922 MACHIN AVE NOVATO, CA 94945 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.24	Priority creditor's name and mailing address CITY OF PULLMAN FINANCE DEPARTMENT 190 SE CRESTVIEW ST PULLMAN, WA 99163 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.25	Priority creditor's name and mailing address CITY OF RICHMOND FINANCE DEPARTMENT 450 CIVIC CENTER PLAZA RICHMOND, CA 94804 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.26	Priority creditor's name and mailing address CITY OF RIVERSIDE FINANCE DEPARTMENT 3900 MAIN ST RIVERSIDE, CA 92522 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.27	Priority creditor's name and mailing address CITY OF RUSK FINANCE DEPARTMENT 106 E 5TH ST RUSK, TX 75785 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.28	Priority creditor's name and mailing address CITY OF SACRAMENTO FINANCE DEPARTMENT 915 I ST SACRAMENTO, CA 95814 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.29	Priority creditor's name and mailing address CITY OF SEATTLE FINANCE DEPARTMENT 700 5TH AVE SUITE 4500 SEATTLE, WA 98104 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.30	Priority creditor's name and mailing address COLORADO DEPARTMENT OF REVENUE 1375 SHERMAN ST DENVER, CO 80261 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.31	Priority creditor's name and mailing address COMPTROLLER OF MARYLAND 80 CALVERT STREET ANNAPOLIS, MD 21404 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.32	Priority creditor's name and mailing address CONTRA COSTA COUNTY TREASURER-TAX COLLECTOR 625 COURT STREET ROOM 100 MARTINEZ, CA 94553 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.33	Priority creditor's name and mailing address COOK COUNTY TREASURER'S OFFICE 118 N. CLARK STREET ROOM 112 CHICAGO, IL 60602 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.34	Priority creditor's name and mailing address CUYAHOGA COUNTY TREASURER'S OFFICE 2079 EAST 9TH STREET CLEVELAND, OH 44115 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.35	Priority creditor's name and mailing address DAKOTA COUNTY TRANSPORTATION DEPARTMENT 14955 GALAXIE AVENUE APPLE VALLEY, MN 55124 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.36	Priority creditor's name and mailing address DANE COUNTY TREASURER'S OFFICE 210 MARTIN LUTHER KING JR. BLVD ROOM 114 MADISON, WI 53703 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.37	Priority creditor's name and mailing address DEKALB COUNTY TAX COMMISSIONER'S OFFICE 4380 MEMORIAL DRIVE SUITE 100 DECATUR, GA 30032 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.38	Priority creditor's name and mailing address DURHAM COUNTY TAX ADMINISTRATION 200 EAST MAIN STREET DURHAM, NC 27701 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.39	Priority creditor's name and mailing address DURHAM COUNTY TAX ADMINISTRATION 201 E. MAIN STREET 1ST FLOOR DURHAM, NC 27701 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.40	Priority creditor's name and mailing address FORSYTH COUNTY TAX ADMINISTRATION 201 N CHESTNUT ST WINSTON-SALEM, NC 27101 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.41	Priority creditor's name and mailing address GEORGIA DEPARTMENT OF REVENUE 1800 CENTURY BLVD NE ATLANTA, GA 30345 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.42	Priority creditor's name and mailing address GUILFORD COUNTY TAX DEPARTMENT 400 W MARKET ST GREENSBORO, NC 27401 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.43	Priority creditor's name and mailing address HAMILTON COUNTY AUDITOR 138 E COURT ST CINCINNATI, OH 45202 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.44	Priority creditor's name and mailing address HENNEPIN COUNTY TRANSPORTATION DEPARTMENT 300 SOUTH 6TH STREET MINNEAPOLIS, MN 55487 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.45	Priority creditor's name and mailing address HENNEPIN COUNTY TREASURER'S OFFICE 300 S. 6TH STREET MINNEAPOLIS, MN 55487 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.46	Priority creditor's name and mailing address ILLINOIS DEPARTMENT OF REVENUE 101 W. JEFFERSON STREET SPRINGFIELD, IL 62702 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.47	Priority creditor's name and mailing address KING COUNTY TREASURY OPERATIONS 500 FOURTH AVENUE ROOM 600 SEATTLE, WA 98104 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.48	Priority creditor's name and mailing address LOS ANGELES COUNTY TREASURER AND TAX COLLECTOR 500 W TEMPLE ST ROOM 437 LOS ANGELES, CA 90012 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.49	Priority creditor's name and mailing address LOS ANGELES COUNTY TREASURER AND TAX COLLECTOR 500 W TEMPLE ST ROOM 437 LOS ANGELES, CA 90012 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.50	Priority creditor's name and mailing address LOUDOUN COUNTY TREASURER'S OFFICE 1 HARRISON STREET SE LEESBURG, VA 20175 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.51	Priority creditor's name and mailing address LOUDOUN COUNTY TREASURER'S OFFICE 1 HARRISON STREET SE LEESBURG, VA 20175 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.52	Priority creditor's name and mailing address MARIN COUNTY DEPARTMENT OF FINANCE 3501 CIVIC CENTER DRIVE SUITE 225 SAN RAFAEL, CA 94903 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.53	Priority creditor's name and mailing address MASSACHUSETTS DEPARTMENT OF REVENUE 100 CAMBRIDGE STREET BOSTON, MA 02114 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.54	Priority creditor's name and mailing address METROPOLITAN COUNCIL 390 ROBERT STREET NORTH ST. PAUL, MN 55101 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.55	Priority creditor's name and mailing address METROPOLITAN COUNCIL 390 ROBERT STREET NORTH ST. PAUL, MN 55101 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.56	Priority creditor's name and mailing address METROPOLITAN TRANSIT AUTHORITY OF HARRIS COUNTY 1900 MAIN STREET HOUSTON, TX 77002 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.57	Priority creditor's name and mailing address MINNESOTA DEPARTMENT OF REVENUE 600 N. ROBERT STREET ST. PAUL, MN 55101 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.58	Priority creditor's name and mailing address MONTGOMERY COUNTY COMMISSIONER OF THE REVENUE 755 ROANOKE ST SUITE 1E CHRISTIANSBURG, VA 24073 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.59	Priority creditor's name and mailing address MOWER COUNTY PUBLIC WORKS 1105 8TH AVENUE NE AUSTIN, MN 55912 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.60	Priority creditor's name and mailing address NORTH CAROLINA DEPARTMENT OF REVENUE 501 N. WILMINGTON STREET RALEIGH, NC 27604 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.61	Priority creditor's name and mailing address OHIO DEPARTMENT OF TAXATION 4485 NORTHLAND RIDGE BLVD COLUMBUS, OH 43229 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.62	Priority creditor's name and mailing address ORANGE COUNTY TAX OFFICE 228 S CHURTON ST HILLSBOROUGH, NC 27278 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Additional Page

2.63	<p>Priority creditor's name and mailing address</p> <p>ORANGE COUNTY TAX OFFICE 228 SOUTH CHURTON STREET HILLSBOROUGH, NC 27278</p> <p>Date or dates debt was incurred</p> <p>VARIOUS</p> <p>Last 4 digits of account number:</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TAXES</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	UNKNOWN	UNKNOWN
2.64	<p>Priority creditor's name and mailing address</p> <p>ORANGE COUNTY TREASURER-TAX COLLECTOR 625 N ROSS STREET BUILDING 11 ROOM G58 SANTA ANA, CA 92701</p> <p>Date or dates debt was incurred</p> <p>VARIOUS</p> <p>Last 4 digits of account number:</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TAXES</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	UNKNOWN	UNKNOWN
2.65	<p>Priority creditor's name and mailing address</p> <p>PENNSYLVANIA DEPARTMENT OF REVENUE 11TH FLOOR STRAWBERRY SQUARE HARRISBURG, PA 17128</p> <p>Date or dates debt was incurred</p> <p>VARIOUS</p> <p>Last 4 digits of account number:</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TAXES</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	UNKNOWN	UNKNOWN
2.66	<p>Priority creditor's name and mailing address</p> <p>PHILADELPHIA DEPARTMENT OF REVENUE 1401 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19102</p> <p>Date or dates debt was incurred</p> <p>VARIOUS</p> <p>Last 4 digits of account number:</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TAXES</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	UNKNOWN	UNKNOWN
2.67	<p>Priority creditor's name and mailing address</p> <p>REDWOOD CITY FINANCE DEPARTMENT 1017 MIDDLEFIELD RD REDWOOD CITY, CA 94063</p> <p>Date or dates debt was incurred</p> <p>VARIOUS</p> <p>Last 4 digits of account number:</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: TAXES</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.68	Priority creditor's name and mailing address REGIONAL TRANSPORTATION AUTHORITY 175 W JACKSON BLVD SUITE 1550 CHICAGO, IL 60604 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.69	Priority creditor's name and mailing address REGIONAL TRANSPORTATION DISTRICT (RTD) 1660 BLAKE STREET DENVER, CO 80202 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.70	Priority creditor's name and mailing address RIVERSIDE COUNTY TREASURER-TAX COLLECTOR 4080 LEMON STREET 4TH FLOOR RIVERSIDE, CA 92501 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.71	Priority creditor's name and mailing address SACRAMENTO COUNTY DEPARTMENT OF FINANCE 700 H STREET ROOM 1710 SACRAMENTO, CA 95814 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.72	Priority creditor's name and mailing address SAN DIEGO COUNTY TREASURER-TAX COLLECTOR 1600 PACIFIC HIGHWAY ROOM 162 SAN DIEGO, CA 92101 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount
2.73	Priority creditor's name and mailing address SAN FRANCISCO OFFICE OF THE TREASURER & TAX COLLECTOR 1 DR. CARLTON B. GOODLETT PLACE ROOM 140 SAN FRANCISCO, CA 94102 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN
2.74	Priority creditor's name and mailing address SAN MATEO COUNTY TAX COLLECTOR 555 COUNTY CENTER 1ST FLOOR REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN
2.75	Priority creditor's name and mailing address SAN MATEO COUNTY TAX COLLECTOR'S OFFICE 555 COUNTY CENTER 1ST FLOOR REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN
2.76	Priority creditor's name and mailing address SAN MATEO COUNTY TAX COLLECTOR'S OFFICE 555 COUNTY CENTER 1ST FLOOR REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount
2.77	Priority creditor's name and mailing address SAN MATEO COUNTY TAX COLLECTOR'S OFFICE 555 COUNTY CENTER 1ST FLOOR REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN
2.78	Priority creditor's name and mailing address SAN MATEO COUNTY TAX COLLECTOR'S OFFICE 555 COUNTY CENTER 1ST FLOOR REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN
2.79	Priority creditor's name and mailing address SAN MATEO COUNTY TAX COLLECTOR'S OFFICE 555 COUNTY CENTER 1ST FLOOR REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN
2.80	Priority creditor's name and mailing address SANTA BARBARA COUNTY TREASURER-TAX COLLECTOR 105 E ANAPAMU STREET ROOM 109 SANTA BARBARA, CA 93101 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.81	Priority creditor's name and mailing address SANTA CLARA COUNTY DEPARTMENT OF TAX AND COLLECTIONS 110 WEST TASMAN DRIVE SAN JOSE, CA 95134 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.82	Priority creditor's name and mailing address SCIENTIFIC & CULTURAL FACILITIES DISTRICT (SCFD) 1047 SANTA FE DRIVE DENVER, CO 80204 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.83	Priority creditor's name and mailing address SHELBY COUNTY TRUSTEE'S OFFICE 157 POPLAR AVE MEMPHIS, TN 38103 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.84	Priority creditor's name and mailing address SHELBY COUNTY TRUSTEE'S OFFICE 157 POPLAR AVENUE MEMPHIS, TN 38103 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.85	Priority creditor's name and mailing address SOLANO COUNTY TREASURER-TAX COLLECTOR 675 TEXAS STREET SUITE 1900 FAIRFIELD, CA 94533 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

		Total claim	Priority amount	
2.86	Priority creditor's name and mailing address SOUTH SAN FRANCISCO FINANCE DEPARTMENT 400 GRAND AVE SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.87	Priority creditor's name and mailing address TENNESSEE DEPARTMENT OF REVENUE 500 DEADERICK STREET NASHVILLE, TN 37242 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.88	Priority creditor's name and mailing address TEXAS COMPTROLLER OF PUBLIC ACCOUNTS 111 E. 17TH STREET AUSTIN, TX 78774 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.89	Priority creditor's name and mailing address VIRGINIA DEPARTMENT OF TAXATION 1957 WESTMORELAND STREET RICHMOND, VA 23230 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.90	Priority creditor's name and mailing address WAKE COUNTY REVENUE DEPARTMENT 301 S MCDOWELL ST RALEIGH, NC 27601 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

(Name)

Part 1: Additional Page

			Total claim	Priority amount
2.91	Priority creditor's name and mailing address WAKE COUNTY REVENUE DEPARTMENT 301 S MCDOWELL STREET RALEIGH, NC 27601 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.92	Priority creditor's name and mailing address WASHINGTON STATE DEPARTMENT OF REVENUE 6500 LINDERSON WAY SW TUMWATER, WA 98501 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.93	Priority creditor's name and mailing address WHITMAN COUNTY TREASURER N 400 MAIN ST COLFAX, WA 99111 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN
2.94	Priority creditor's name and mailing address WISCONSIN DEPARTMENT OF REVENUE 2135 RIMROCK ROAD MADISON, WI 53713 Date or dates debt was incurred VARIOUS Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN	UNKNOWN

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

Do any creditors have nonpriority unsecured claims? (See 11 U.S.C. § 507).

☐ No.☒ Yes.

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

(Name)

Part 2: Additional Page

			Amount of claim
3.1	Nonpriority creditor's name and mailing address 64X BIO 1000 MARINA BLVD SUITE 100 BRISBANE, CA 95070 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,461.31
3.2	Nonpriority creditor's name and mailing address 858 THERAPEUTICS 4757 NEXUS CENTER DRIVE SUITE 150 SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
3.3	Nonpriority creditor's name and mailing address 8VC CO-INVEST FUND I, L.P. ATTN: NATHAN FOTEDAR 907 SOUTH CONGRESS AVE AUSTIN, TX 78704 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NON-CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,936,244.15
3.4	Nonpriority creditor's name and mailing address 8VC CO-INVEST FUND I, L.P. ATTN: NATHAN FOTEDAR 907 SOUTH CONGRESS AVE AUSTIN, TX 78704 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,228,400.66
3.5	Nonpriority creditor's name and mailing address 8VC ENTREPRENEURS FUND I, L.P. ATTN: NATHAN FOTEDAR 907 SOUTH CONGRESS AVE AUSTIN, TX 78704 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148,457.06

Part 2:

Additional Page

		Amount of claim
3.6	Nonpriority creditor's name and mailing address 8VC ENTREPRENEURS FUND I, L.P. ATTN: NATHAN FOTEDAR 907 SOUTH CONGRESS AVE AUSTIN, TX 78704 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NON-CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$97,020.12
3.7	Nonpriority creditor's name and mailing address 8VC FUND I, L.P. ATTN: NATHAN FOTEDAR 907 SOUTH CONGRESS AVE AUSTIN, TX 78704 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$9,130,108.85
3.8	Nonpriority creditor's name and mailing address 8VC FUND I, L.P. ATTN: NATHAN FOTEDAR 907 SOUTH CONGRESS AVE AUSTIN, TX 78704 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NON-CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,966,735.73
3.9	Nonpriority creditor's name and mailing address A2 BIOTHERAPEUTICS 30301 AGOURA ROAD AGOURA HILLS, CA 91301 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$346.53
3.10	Nonpriority creditor's name and mailing address AAF - SYNTHEGO GROWTH, L.P. ATTN: KYLE HENDRICK 10190 AKHTAMAR DRIVE GREAT FALLS, VA 22066 Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$138,823.36

Part 2:

Additional Page

		Amount of claim
3.11	Nonpriority creditor's name and mailing address AAF II - YASI VENTURES, L.P. ATTN: KYLE HENDRICK 27 HOSPITAL ROAD GEORGE TOWN KY1-1001 CAYMAN ISLANDS Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$36,720.72
3.12	Nonpriority creditor's name and mailing address AALBORG UNIVERSITY 5 FREDRIK BAJERS VEJ AALBORG 09220 DENMARK Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$71.50
3.13	Nonpriority creditor's name and mailing address AARHUS UNIVERSITY 1 NORDRE RINGGADE AARHUS 10013 DENMARK Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,813.25
3.14	Nonpriority creditor's name and mailing address AARHUS UNIVERSITY 1 NORDRE RINGGADE AARHUS 10013 DENMARK Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$320.00
3.15	Nonpriority creditor's name and mailing address AB SCIENCE AVENUE GEORGE V PARIS 75008 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$46.00

(Name)

Part 2:

Additional Page

		Amount of claim
3.16	Nonpriority creditor's name and mailing address ABBVIE BIORESEARCH CENTER 2261 MARKET STREET 4759 SAN FRANCISCO, CA 94114 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,641.31
3.17	Nonpriority creditor's name and mailing address ABCAM PO BOX 3460 BOSTON, MA 02241-3460 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$297.22
3.18	Nonpriority creditor's name and mailing address ACHELOIS ONCOLOGY 3698 HAVEN AVE. SUITE A REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$45.00
3.19	Nonpriority creditor's name and mailing address ADICET BIO 1000 BRIDGE PARKWAY REDWOOD CITY, CA 94065 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,417.81
3.20	Nonpriority creditor's name and mailing address ADVANCE PAPER SYSTEMS, INC. 499 PARROTT ST SAN JOSE, CA 95112 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,786.00

Part 2:

Additional Page

			Amount of claim
3.21	Nonpriority creditor's name and mailing address ADVANCED TARGETING SYSTEMS 1930 KELLOGG AVE CARLSBAD, CA 92008 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.80
3.22	Nonpriority creditor's name and mailing address AGILEBITS INC (DBA 1PASSWORD) PO BOX 7411049 CHICAGO, IL 60674-1049 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,013.48
3.23	Nonpriority creditor's name and mailing address AHMED KHAN Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,700.00
3.24	Nonpriority creditor's name and mailing address ALDEVRON LLC 4055 41ST AVE S FARGO, ND 58104 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175,859.81
3.25	Nonpriority creditor's name and mailing address ALENTIS THERAPEUTICS HEGENHEIMERMATTWEG 167A ALLSCHWIL BASEL LANDSCHAFT 4123 CH SWITZERLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,519.00

Part 2:

Additional Page

			Amount of claim
3.26	Nonpriority creditor's name and mailing address ALEXION PHARMACEUTICALS, INC. 100 COLLEGE ST NEW HAVEN, CT 06510 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79,419.88
3.27	Nonpriority creditor's name and mailing address ALK ABELLO, INC 1700 ROYSTON LANE ROUND ROCK, TX 78664 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,389.50
3.28	Nonpriority creditor's name and mailing address ALL THINGS BUGS 755 RESEARCH PARKWAY SUITE 465 UNIVERSITY RESEARCH PARK OKLAHOMA CITY, OK 73104 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,736.00
3.29	Nonpriority creditor's name and mailing address ALLOY THERAPEUTICS 275 2ND AVE STE 200 WALTHAM, MA 2451 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.19
3.30	Nonpriority creditor's name and mailing address ALPHINA THERAPEUTICS, INC. 36 CHURCH LANE WESTPORT, CT 60880 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,037.50

(Name)

Part 2: Additional Page

			Amount of claim
3.31	Nonpriority creditor's name and mailing address AM CHEMICALS LLC 1060 JOSHUA WAY VISTA, CA 92081 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,072.00
3.32	Nonpriority creditor's name and mailing address AMBAGON THERAPEUTICS 953 INDIANA ST SAN FRANCISCO, CA 94107 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,100.00
3.33	Nonpriority creditor's name and mailing address AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT STREET 17TH FLOOR PHILADELPHIA, PA 19106 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,225.00
3.34	Nonpriority creditor's name and mailing address AMERICAN DURAFILM 55 BOYNTON RD PO BOX 6770; HOLLISTON, MA 01746 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.35
3.35	Nonpriority creditor's name and mailing address AMERICAN INTERNATIONAL CHEMICAL, LLC 2000 WEST PARK DRIVE SUITE 300 WESTBOROUGH, MA 01581 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,184.72

Part 2:

Additional Page

			Amount of claim
3.36	Nonpriority creditor's name and mailing address AMGEN ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,824.53
3.37	Nonpriority creditor's name and mailing address AMGEN ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,334.21
3.38	Nonpriority creditor's name and mailing address AMPLIFYBIO, LLC 1425 PLAIN CITY-GEORGESVILLE ROAD, BLDG JM-10 WEST JEFFERSON, OH 43162 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$258,343.00
3.39	Nonpriority creditor's name and mailing address API GROUP LIFE SAFETY USA LLC DBA WESTERN STATES FIRE PROTECTION COMPANY PO BOX 412007 BOSTON, MA 02241 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.40	Nonpriority creditor's name and mailing address APPRENTICE FS, INC. 101 HUDSON STREET JERSEY CITY, NJ 07302 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: INTELLIGENT BATCH EXECUTION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340,000.00

(Name)

Part 2: Additional Page

			Amount of claim
3.41	Nonpriority creditor's name and mailing address APPRENTICE FS, INC. 101 HUDSON STREET JERSEY CITY, NJ 07302 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: GLP TEMPO MES SUBSCRIPTION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
3.42	Nonpriority creditor's name and mailing address ARAB ANGEL GP I, L.P. ATTN: KYLE HENDRICK 2775 SAND HILL RD MENLO PARK, CA 94025 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,346.79
3.43	Nonpriority creditor's name and mailing address ARC RESEARCH INSTITUTE 3181 PORTER DR. PALO ALTO, CA 94304 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
3.44	Nonpriority creditor's name and mailing address ARCTORIS 281 TRESSER BLVD. 9TH FLOOR STAMFORD, CT 6901 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,762.50
3.45	Nonpriority creditor's name and mailing address ARIZONA STATE UNIVERSITY 1151 SOUTH FOREST AVENUE TEMPE, AZ 04981 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$493.00

(Name)

Part 2: Additional Page

		Amount of claim
3.46	Nonpriority creditor's name and mailing address ARRAY BIOPHARMA 3200 WALNUT STREET BOULDER, CO 80301 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$8,803.52
3.47	Nonpriority creditor's name and mailing address ARSENAL BIOSCIENCES, INC. 2 TOWER PLACE SUITE 700 SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,005,191.07
3.48	Nonpriority creditor's name and mailing address ARTEMYS FOODS 1610 SE 3RD AVE PORTLAND, OR 97214 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$7,674.06
3.49	Nonpriority creditor's name and mailing address ARTIOS PHARMA LIMITED BABRAHAM RESEARCH CAMPUS CAMBRIDGE CB22 3FH UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$8,496.00
3.50	Nonpriority creditor's name and mailing address ASCEND GENE AND CELL THERAPIES LTD 1010 ATLANTIC AVE. SUITE 102 ALAMEDA, CA 94501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,124.49

Part 2:

Additional Page

			Amount of claim
3.51	Nonpriority creditor's name and mailing address ASKBIO PO BOX 12848 DURHAM, NC 27709 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$128.99
3.52	Nonpriority creditor's name and mailing address ASKLEPIOS BIOPHARMACEUTICALS 20 T.W. ALEXANDER DRIVE SUITE 110 DURHAM, NC 27560 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.42
3.53	Nonpriority creditor's name and mailing address ASTRAZENECA : DEAN ROW COURT 1800 CONCORD PIKE WILMINGTON, DE 19850 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,348.00
3.54	Nonpriority creditor's name and mailing address ASTRAZENECA PHARMACEUTICALS LP 1800 CONCORD PIKE WILMINGTON, DE 19850 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232,007.51
3.55	Nonpriority creditor's name and mailing address ASTRAZENECA:DEAN ROW COURT 1800 CONCORD PIKE WILMINGTON, DE 19850 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LICENSE FOR ESPOTON Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2:

Additional Page

			Amount of claim
3.56	Nonpriority creditor's name and mailing address ASTRAZENECA:DEAN ROW COURT 1800 CONCORD PIKE WILMINGTON, DE 19850 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,864.00
3.57	Nonpriority creditor's name and mailing address ATRECA INC 835 INDUSTRIAL ROAD SUITE 400 SAN CARLOS, CA 94070 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.28
3.58	Nonpriority creditor's name and mailing address AUBURN UNIVERSITY 182 SOUTH COLLEGE STREET AUBURN, AL 36849 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
3.59	Nonpriority creditor's name and mailing address BARO STUDIO CO. LTD. 292-32 SOLTAESANGDUGIL HYANGNAMEUP HWASUNG HWASUNG 18589 SOUTH KOREA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,310.00
3.60	Nonpriority creditor's name and mailing address BARTON INTEGRATION LLC 5151 CALIFORNIA AVENUE SUITE 100 IRVINE, CA 92617 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,930.00

Part 2:

Additional Page

			Amount of claim
3.61	Nonpriority creditor's name and mailing address BAY ALARM COMPANY PO BOX 51041 LOS ANGELES, CA 90051-5337 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,356.03
3.62	Nonpriority creditor's name and mailing address BAY AREA AIR QUALITY MGMT DIST. BAAQMD 375 BEALE STREET SUITE 600 SAN FRANCISCO, CA 94105 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$595.00
3.63	Nonpriority creditor's name and mailing address BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA MS 201 HOUSTON, TX 77030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111,620.19
3.64	Nonpriority creditor's name and mailing address BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA MS 201 HOUSTON, TX 77030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,173.86
3.65	Nonpriority creditor's name and mailing address BC CANCER RESEARCH CENTRE 1795 WILLINGDON AVE BURNABY, BC V5C 6E3 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$485.00

(Name)

Part 2: Additional Page

		Amount of claim
3.66	Nonpriority creditor's name and mailing address BEAM THERAPEUTICS, INC. 325 VASSAR ST CAMBRIDGE, MA 02139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,103.42
3.67	Nonpriority creditor's name and mailing address BEAM THERAPEUTICS, INC. 325 VASSAR ST CAMBRIDGE, MA 2139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$120.00
3.68	Nonpriority creditor's name and mailing address BEIGENE (TAIWAN) LIMITED 4F-1,NO.386, SEC. 6, NANJING E. RD. NEIHU DIST TAIPEI CITY 114030 TAIWAN Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$120,880.25
3.69	Nonpriority creditor's name and mailing address BEIJING SBS GENETECH CO., LTD ROOM 202 BUILDING 2 NO.1 SHANGDI 4TH STREET BEIJING 100085 CHINA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$25.00
3.70	Nonpriority creditor's name and mailing address BENAROYA RESEARCH INSTITUTE 1201 9TH AVENUE SEATTLE, WA 98101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$97.33

(Name)

Part 2: Additional Page

			Amount of claim
3.71	Nonpriority creditor's name and mailing address BERLIN-BRANDENBURG ACADEMY OF SCIENCES AND HUMANITIES (BBAW) JÄGERSTRASSE 22/23. D-10117 BERLIN GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,456.00
3.72	Nonpriority creditor's name and mailing address BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02119 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$735.40
3.73	Nonpriority creditor's name and mailing address BIDDLE CONSULTING GROUP, INC 193 BLUE RAVINE ROAD SUITE 270 FOLSOM, CA 95630 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,398.50
3.74	Nonpriority creditor's name and mailing address BIOCENTRIQ, INC. (ISB) 201 COLLEGE RD E PRINCETON, NJ 08540 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,211.49
3.75	Nonpriority creditor's name and mailing address BIOGEN PO BOX 425025 ACCOUNTS PAYABL CAMBRIDGE, MA 2142 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,007.06

Part 2:

Additional Page

			Amount of claim
3.76	Nonpriority creditor's name and mailing address BIOLABS, INC 139 MAIN STREET SUITE 401 CAMBRIDGE, MA 2142 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,466.00
3.77	Nonpriority creditor's name and mailing address BIOLYPH LLC 4275 NOREX DR CHASKA, MN 55318 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.69
3.78	Nonpriority creditor's name and mailing address BIOMARIN 105 DIGITAL DRIVE NOVATO, CA 94949 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,500.00
3.79	Nonpriority creditor's name and mailing address BIOMARIN 105 DIGITAL DRIVE NOVATO, CA 94949 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.80	Nonpriority creditor's name and mailing address BIONOVA CIENTIFICA, S.L. C/ ABTAO, 5 - OFICINA 3 MADRID 28007 SPAIN Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$545.25

(Name)

Part 2: Additional Page

		Amount of claim
3.81	Nonpriority creditor's name and mailing address BIO-RAD LABORATORIES, INC. PO BOX 849740 LOS ANGELES, CA 90084-9740 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,197.56
3.82	Nonpriority creditor's name and mailing address BIOSCRIBE, INC. 3232 DRY CREEK RD HEALDSBURG, CA 95448 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,427.40
3.83	Nonpriority creditor's name and mailing address BIOTECHNOLOGY RESEARCH CENTER (CRBT) UNIVERSITY OF CONSTANTINE 2 ABDELHAMID MEHRI EL KHROUB ALGERIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$319.00
3.84	Nonpriority creditor's name and mailing address BIOTOOLS CO., LTD. RM. 9, 9F., NO. 93, SEC. 1, XINTAI 5TH RD XIZHI DISTRICT NEW TAIPEI CITY 221 TAIWAN Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$915.75
3.85	Nonpriority creditor's name and mailing address BIT BIO LIMITED THE DOROTHY HODGKIN BUILDING BABRAHAM RESEARCH CAMPUS CAMBRIDGE CB22 3FH UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$217,570.43

Part 2:

Additional Page

			Amount of claim
3.86	Nonpriority creditor's name and mailing address BLOOMBERG INDUSTRY GROUP 1801 S BELL ST ARLINGTON, VA 22202 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,883.75
3.87	Nonpriority creditor's name and mailing address BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,660.44
3.88	Nonpriority creditor's name and mailing address BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.89	Nonpriority creditor's name and mailing address BOSTON UNIVERSITY 595 COMMONWEALTH AVENUE BOSTON, MA 02118 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.99
3.90	Nonpriority creditor's name and mailing address BOSTON UNIVERSITY 595 COMMONWEALTH AVENUE BOSTON, MA 02118 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.18

Part 2:

Additional Page

			Amount of claim
3.91	Nonpriority creditor's name and mailing address BRIACELL 3RD FLOOR BELLEVUE CENTRE 235-15TH STR WEST VANCOUVER, V7T 2X1 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,546.40
3.92	Nonpriority creditor's name and mailing address BRIGHAM AND WOMENS HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,495.08
3.93	Nonpriority creditor's name and mailing address BROAD INSTITUTE 415 MAIN STREET CAMBRIDGE, MA 02142 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201.14
3.94	Nonpriority creditor's name and mailing address BUCK INSTITUTE FOR RESEARCH ON AGING 8001 REDWOOD BOULEVARD NOVATO, CA 94947 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$324.42
3.95	Nonpriority creditor's name and mailing address BURGHERGRAY LLP 1350 BROADWAY SUITE 1510 NEW YORK, NY 10018 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,924.75

Part 2:

Additional Page

			Amount of claim
3.96	Nonpriority creditor's name and mailing address BUSCH LLC 516 VIKING DRIVE VIRGINIA BEACH, VA 23452 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,580.08
3.97	Nonpriority creditor's name and mailing address C4 THERAPEUTICS 480 ARSENAL WAY 200 WATERTOWN, MA 02472 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,422.62
3.98	Nonpriority creditor's name and mailing address CALIFORNIA STATE UNIVERSITY, LOS ANGELES 5151 STATE UNIVERSITY DR LOS ANGELES, CA 90032 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475.00
3.99	Nonpriority creditor's name and mailing address CALTROL INC. 2685 COLLIER CANYON RD LIVERMORE, CA 94551 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$804.52
3.100	Nonpriority creditor's name and mailing address CALTRONICS BUSINESS SYSTEMS 1801 W. OLYMPIC BLVD. PASADENA, CA 91199 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,167.70

(Name)

Part 2: Additional Page

			Amount of claim
3.101	Nonpriority creditor's name and mailing address CAPE BRETON UNIVERSITY 32 LORWAY AVENUE SYDNEY, NS B1P 4Z2 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.06
3.102	Nonpriority creditor's name and mailing address CARTESIAN THERAPEUTICS 7495 NEW HORIZON WAY FREDERICK, MD 21702 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.40
3.103	Nonpriority creditor's name and mailing address CARTHERICS PO BOX 655 CARLTON SOUTH, VIC 03053 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,338.00
3.104	Nonpriority creditor's name and mailing address CARTHERICS PO BOX 655 CARLTON SOUTH, VIC 3053 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,665.00
3.105	Nonpriority creditor's name and mailing address CARTOGRAPHY BIOSCIENCES 220 EAST GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,445.67

(Name)

Part 2: Additional Page

		Amount of claim
3.106	Nonpriority creditor's name and mailing address CARTOGRAPHY BIOSCIENCES 220 EAST GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,855.39
3.107	Nonpriority creditor's name and mailing address CARTOGRAPHY BIOSCIENCES 220 EAST GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$645.29
3.108	Nonpriority creditor's name and mailing address CASE WESTERN RESERVE UNIVERSITY 2500 METROHEALTH DRIVE CLEVELAND, OH 44106-4395 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$17.82
3.109	Nonpriority creditor's name and mailing address CASMA THERAPEUTICS 400 TECHNOLOGY SQUARE SUITE 201 CAMBRIDGE, MA 02139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,521.00
3.110	Nonpriority creditor's name and mailing address CASPR BIOTECH 479 JESSIE STREET SAN FRANCISCO, CA 94103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$70.80

(Name)

Part 2: Additional Page

			Amount of claim
3.111	Nonpriority creditor's name and mailing address CCRM 1060 MARSH RD 1ST FLOOR MENLO PARK, CA 94025 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.50
3.112	Nonpriority creditor's name and mailing address CELGENE CELLULAR THERAPEUTICS 329 S HIGHWAY 101 SUITE 230 SOLANA BEACH, CA 92075 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$954.52
3.113	Nonpriority creditor's name and mailing address CELLFE 733 INDUSTRIAL RD STE B1 SAN CARLOS, CA 94501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,366.87
3.114	Nonpriority creditor's name and mailing address CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD NE ATLANTA, GA 30329 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.00
3.115	Nonpriority creditor's name and mailing address CENTRE FOR STEM CELL RESEARCH (CHRISTIAN MEDICAL COLLEGE) CHRISTIAN MEDICAL COLLEGE CAMPUS BAGAYAM VELLORE TAMIL NADU 632002 INDIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,840.00

Part 2:

Additional Page

			Amount of claim
3.116	Nonpriority creditor's name and mailing address CENTRE FOR STEM CELL RESEARCH (CHRISTIAN MEDICAL COLLEGE) CHRISTIAN MEDICAL COLLEGE CAMPUS BAGAYAM VELLORE TAMIL NADU 632002 INDIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.75
3.117	Nonpriority creditor's name and mailing address CENTRO DE MEDICINA REGENERATIVA DE BARCELONA CARRER DEL DOCTOR AIGUADER 88 CIUTAT VELLA BARCELONA 08003 SPAIN Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
3.118	Nonpriority creditor's name and mailing address CENTRO DE NEUROCIENCIAS E BIOLOGIA CELULAR RUA LARGA - FACULDADE DE MEDICINA 1ºANDAR - POLO I UNIVERSIDADE DE COIMBRA 3004-504 COIMBRA PORTUGAL Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.119	Nonpriority creditor's name and mailing address CEPHEID 904 EAST CARIBBEAN DRIVE SUNNYVALE, CA 94089 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,937.50
3.120	Nonpriority creditor's name and mailing address CHARITE CHARITE UNIVERSITAETSMEDIZIN BERLIN BERLIN, DE 13353 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,233.00

Part 2:

Additional Page

			Amount of claim
3.121	Nonpriority creditor's name and mailing address CHARITE UNIVERSITATSMEDIZIN BERLIN CHARITEPLATZ 1 FINANZ UND RECHNUNGSWESEN ZENTRALER RECHNUNGSEINGANG BERLIN 10117 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.50
3.122	Nonpriority creditor's name and mailing address CHARLES RIVER LABORATORIES INC PO BOX 27812 NEW YORK, NY 10087-7812 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,128.00
3.123	Nonpriority creditor's name and mailing address CHEMGENES CORPORATION 33 INDUSTRIAL WAY WILMINGTON, MA 1887 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,165.53
3.124	Nonpriority creditor's name and mailing address CHEMOMETEC 3920 VETERANS MEMORIAL HIGHWAY SUITE 3 BOHEMIA, NY 11716 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,560.00
3.125	Nonpriority creditor's name and mailing address CHENGDU UCELLO BIOTECHNOLOGY CO. LIMITED BUILDING D1 TIANFU INTERNATIONAL BIO-TOWN SHUANGLIU DISTRICT 2ND FLOOR CHENGDU 610200 CHINA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,019.05

Part 2:

Additional Page

			Amount of claim
3.126	Nonpriority creditor's name and mailing address CHILDREN'S HOSPITAL OF LOS ANGELES 4650 W SUNSET BLVD LOS ANGELES, CA 90027 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$214.47
3.127	Nonpriority creditor's name and mailing address CHILDREN'S HOSPITAL OF LOS ANGELES 4650 W SUNSET BLVD LOS ANGELES, CA 90027 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,159.93
3.128	Nonpriority creditor's name and mailing address CHILDRENS HOSPITAL OF ORANGE COUNTY PO BOX 5700 ORANGE, CA 92868 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.97
3.129	Nonpriority creditor's name and mailing address CHILDRENS HOSPITAL OF PHILADELPHIA PO BOX 2015 SECAUCUS, NJ 07096-2015 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,113.50
3.130	Nonpriority creditor's name and mailing address CHILDRENS HOSPITAL OF PHILADELPHIA PO BOX 2015 SECAUCUS, NJ 07096-2015 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,905.16

Part 2:

Additional Page

			Amount of claim
3.131	Nonpriority creditor's name and mailing address CHILDRENS HOSPITAL OF PHILADELPHIA PO BOX 2015 SECAUCUS, NJ 07096-2015 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.25
3.132	Nonpriority creditor's name and mailing address CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE NORTHWEST WASHINGTON, DC 20010 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.00
3.133	Nonpriority creditor's name and mailing address CHIROPRACTIC FOR HUMANITY 126 WAVERLY PLACE SAN FRANCISCO, CA 94108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,650.00
3.134	Nonpriority creditor's name and mailing address CHLA 4650 SUNSET BLVD MAILSTOP 47 LOS ANGELES, CA 90027 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$696.70
3.135	Nonpriority creditor's name and mailing address CHRISTIANA CARE HEALTH SYSTEM (DE) 550 SOUTH COLLEGE AVE SUITE 100A, 2ND FLOOR NEWARK, DE 19713 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,280.50

(Name)

Part 2:

Additional Page

		Amount of claim
3.136	Nonpriority creditor's name and mailing address CHRISTIANA CARE HEALTH SYSTEM (DE) 550 SOUTH COLLEGE AVE SUITE 100A, 2ND FLOOR NEWARK, DE 19713 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,015.90
3.137	Nonpriority creditor's name and mailing address CHRISTIAN-ALBRECHTS-UNIVERSITAT ZU KIEL (C OLSHAUSENSTRASSE 40 KIEL 24105 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$925.30
3.138	Nonpriority creditor's name and mailing address CIEMAT 78 DANSHAN ROAD A304-305 XIDONG CHUANGRONG BLDG 214105 CHINA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$7,803.00
3.139	Nonpriority creditor's name and mailing address CIEMAT 78 DANSHAN ROAD A304-305 XIDONG CHUANGRONG BLDG 214105 CHINA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$7,008.00
3.140	Nonpriority creditor's name and mailing address CILOA 356 RUE MAURICE BEJART MONTPELLIER 34080 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,550.00

(Name)

Part 2: Additional Page

		Amount of claim
3.141	Nonpriority creditor's name and mailing address CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$507.40
3.142	Nonpriority creditor's name and mailing address CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$207.80
3.143	Nonpriority creditor's name and mailing address CINTAS PO BOX 631025 CINCINNATI, OH 45263-1025 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,887.09
3.144	Nonpriority creditor's name and mailing address CISION US INC PO BOX 417215 BOSTON, MA 02241-7215 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$625.00
3.145	Nonpriority creditor's name and mailing address CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91006 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$150,607.50

(Name)

Part 2: Additional Page

		Amount of claim
3.146	Nonpriority creditor's name and mailing address CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91006 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$51,483.27 <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	Nonpriority creditor's name and mailing address CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91006 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$25,873.20 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	Nonpriority creditor's name and mailing address CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91006 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: \$9,125.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	Nonpriority creditor's name and mailing address CITY OF REDWOOD CITY (UTILITY SERVICES) PO BOX 841201 LOS ANGELES, CA 90084-1201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$2,299.50 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150	Nonpriority creditor's name and mailing address CLEVELAND CLINIC 9500 EUCLID AVENUE CLEVELAND, OH 44106 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$24,206.00 <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2:

Additional Page

			Amount of claim
3.151	Nonpriority creditor's name and mailing address CNRS 3 RUE MICHEL ANGE PARIS 75016 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,199.24
3.152	Nonpriority creditor's name and mailing address COLUMBIA UNIVERSITY 650 W 168TH STREET BLACK BUILDING RM 1708 NEW YORK, NY 10032 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,478.00
3.153	Nonpriority creditor's name and mailing address COLUMBIA UNIVERSITY 650 W 168TH STREET BLACK BUILDING RM 1708 NEW YORK, NY 10032 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$645.00
3.154	Nonpriority creditor's name and mailing address CONAGEN 15 DEANGELO DR BEDFORD, MA 01730 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.38
3.155	Nonpriority creditor's name and mailing address CONLEY, NICHOLAS ADDRESS REDACTED Date or dates debt was incurred 9/30/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NON-CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,938.71

Part 2:

Additional Page

		Amount of claim
3.156	Nonpriority creditor's name and mailing address CONLEY, NICHOLAS ADDRESS REDACTED Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,899.78
3.157	Nonpriority creditor's name and mailing address CONSTANGY, BROOKS, SMITH & PROPHETE LLP PO BOX 102476 ATLANTA, GA 30368-0476 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$23,450.00
3.158	Nonpriority creditor's name and mailing address CONVERGENT HARDWARE LLC 1246 SACRAMENTO ST. UNIT 3 SAN FRANCISCO, CA 94108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$450.00
3.159	Nonpriority creditor's name and mailing address COREGEN, INC. 1 BAYLOR PLAZA HOUSTON, TX 77030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$218,888.84
3.160	Nonpriority creditor's name and mailing address CORNELL UNIVERSITY 245 DAY HALL ITHACA, NY 10065 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$152.00

Part 2:

Additional Page

			Amount of claim
3.161	Nonpriority creditor's name and mailing address CORRGENE BIOTECHNOLOGY CO., LTD. CHANGFA INTERNATIONAL PRECISION MEDICINE ACCELERATION CENTER NO .21 CHANGPING DISTRICT BEIJING CHINA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,105.00
3.162	Nonpriority creditor's name and mailing address CORRGENE BIOTECHNOLOGY CO., LTD. CHANGFA INTERNATIONAL PRECISION MEDICINE ACCELERATION CENTER NO .21 CHANGPING DISTRICT BEIJING CHINA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,779.93
3.163	Nonpriority creditor's name and mailing address CORTEVA 8305 NW 62ND AVE JOHNSTON, IA 50131 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.50
3.164	Nonpriority creditor's name and mailing address COUNTY SPECIALTY GASES, LLC 2200 BAY ROAD REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310.55
3.165	Nonpriority creditor's name and mailing address CRAIN COMMUNICATIONS INC 1155 GRATIOT AVENUE DETROIT, MI 48207 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.00

(Name)

Part 2: Additional Page

		Amount of claim
3.166	Nonpriority creditor's name and mailing address CRISPR MEDICINE MEDIA APS KONG GEORGS VEJ 12 FREDERIKSBERG FREDERIKSBERG 02000 DENMARK Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,475.00
3.167	Nonpriority creditor's name and mailing address CRISPR THERAPEUTICS 105 WEST FIRST STREET BOSTON, MA 02127 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$85.00
3.168	Nonpriority creditor's name and mailing address CRISPR THERAPEUTICS 105 WEST FIRST STREET BOSTON, MA 02127 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$8,779.24
3.169	Nonpriority creditor's name and mailing address CSIRO AAHL 5 PORTARLINGTON RD EAST GEELONG VIC 3220 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,513.00
3.170	Nonpriority creditor's name and mailing address CSL BEHRING PO BOX 511 KANKAKEE, IL 60901 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,703.33

(Name)

Part 2: Additional Page

		Amount of claim
3.171	Nonpriority creditor's name and mailing address CYGNAL THERAPEUTICS 325 VASSAR ST SUITE 2B CAMBRIDGE, MA 02139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$498.19
3.172	Nonpriority creditor's name and mailing address CYPRUS INSTITUTE OF NEUROLOGY AND GENETICS PO BOX 23462 NICOSIA 01683 CYPRUS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$51.00
3.173	Nonpriority creditor's name and mailing address CYPRUS INSTITUTE OF NEUROLOGY AND GENETICS PO BOX 23462 NICOSIA 1683 CYPRUS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$98.00
3.174	Nonpriority creditor's name and mailing address CYTEIR THERAPEUTICS INC. 128 SPRING ST BUILDING A SUITE 510 LEXINGTON, MA 02421 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,925.01
3.175	Nonpriority creditor's name and mailing address DABROWSKI, MICHAEL ADDRESS REDACTED Date or dates debt was incurred 2/5/2025 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NON-CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,050,000.00

Part 2:

Additional Page

			Amount of claim
3.176	Nonpriority creditor's name and mailing address DABROWSKI, PAUL ADDRESS REDACTED Date or dates debt was incurred 2/5/2025 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NON-CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750,000.00
3.177	Nonpriority creditor's name and mailing address DAHLIA BIOSCIENCES 21 TARABROOK DRIVE ORINDA, CA 94563 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123.64
3.178	Nonpriority creditor's name and mailing address DAIJOGO & PEDERSEN, LLP 21 TAMAL VISTA BLVD # 295 CORTE MADERA, CA 94925 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,323.43
3.179	Nonpriority creditor's name and mailing address DAKWE 15TH FLOOR, BUILDING D3, PHASE 2 NANSHAN ZHIYUAN NO. 1001 XUEYUAN AVENUE, TAOYUAN STREET NANSHAN DISTRICT, BEIJING 999077 CHINA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,554.52
3.180	Nonpriority creditor's name and mailing address DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,722.99

Part 2:

Additional Page

			Amount of claim
3.181	Nonpriority creditor's name and mailing address DANA-FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$421.00
3.182	Nonpriority creditor's name and mailing address DECLARATION CAPITAL PE SPV XLVI LLC 510 MADISON AVENUE NEW YORK, NY 10022 Date or dates debt was incurred 12/29/2023 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$723,437.23
3.183	Nonpriority creditor's name and mailing address DECODE SCIENCE 3/247 FERNTREE GULLY RD MOUNT WAVERLEY, VIC 3149 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,403.36
3.184	Nonpriority creditor's name and mailing address DEEP GENOMICS 101 COLLEGE ST TORONTO, ON M5G 1L7 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,400.00
3.185	Nonpriority creditor's name and mailing address DEEP GENOMICS 101 COLLEGE ST TORONTO, ON M5G 1L7 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,175.00

(Name)

Part 2: Additional Page

		Amount of claim
3.186	Nonpriority creditor's name and mailing address DEGREE, INC (DBA LATTICE) 1501 NORTH PLANO ROAD PO BOX 892115 RICHARDSON, TX 75081 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$101.52
3.187	Nonpriority creditor's name and mailing address DENALI THERAPEUTICS, INC. 161 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$27.13
3.188	Nonpriority creditor's name and mailing address DERYCK C. MAUGHAN REVOCABLE TRUST ADDRESS REDACTED Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$109,179.11
3.189	Nonpriority creditor's name and mailing address DHL 16592 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$530.00
3.190	Nonpriority creditor's name and mailing address DIAAGO LLC 1598 BALTIMORE PIKE 1ST FLOOR, SOUTH CHADDS FORD, PA 19317 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,224.56

(Name)

Part 2: Additional Page

			Amount of claim
3.191	Nonpriority creditor's name and mailing address DICE THERAPEUTICS 400 EAST JAMIE COURT SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,337.52
3.192	Nonpriority creditor's name and mailing address DINAQOR AG WAGISTRASSE 25 8952 SCHLIEREN SWITZERLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,300.00
3.193	Nonpriority creditor's name and mailing address DONNELLEY FINANCIAL SOLUTIONS ATTN: JAMIE TOOMBS, MANAGER-AR 391 STEEL WAY LANCASTER, PA 17601 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160,195.50
3.194	Nonpriority creditor's name and mailing address DUANE MORRIS LLP 30 SOUTH 17TH STREET ATTN: PAYMENT PROCESSING PHILADELPHIA, PA 19103-4196 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,928.50
3.195	Nonpriority creditor's name and mailing address DUKE UNIVERSITY 213 RESEARCH DR DURHAM, NC 27713-9151 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,396.98

(Name)

Part 2: Additional Page

		Amount of claim
3.196	Nonpriority creditor's name and mailing address E.I. DUPONT DE NEMOURS & COMPANY 974 CENTRE ROAD WILMINGTON, DE 19805 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$1,091.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.197	Nonpriority creditor's name and mailing address EAST CHINA NORMAL UNIVERSITY MINHANG CAMPUS: 500 DONGCHUAN RD. SHANGHAI NORTH ZHONGSHAN ROAD CAMPUS: 3663 N. ZHONGSHAN RD. SHANGHAI, CHINA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$13.60 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.198	Nonpriority creditor's name and mailing address EATON CORPORATION 1000 EATON BOULEVARD CLEVELAND, OH 44122 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$12,044.32 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.199	Nonpriority creditor's name and mailing address ECLIPSE METAL FABRICATION 427 CORONA RD PETALUMA, CA 94954 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$3,609.56 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.200	Nonpriority creditor's name and mailing address ÉCOLE NORMALE SUPÉRIEURE RUE D'ULM PARIS 75005 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$59.00 <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2:

Additional Page

			Amount of claim
3.201	Nonpriority creditor's name and mailing address EDITCO BIO, INC. 600 SAGINAW DRIVE REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$492,600.00
3.202	Nonpriority creditor's name and mailing address EFS SANTE PFBI RUE PIERRE JEAN GINESTE, BP91614 RENNES CEDEX 35016 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.203	Nonpriority creditor's name and mailing address ELDORADO FORKLIFT COMPANY 3582 HAVEN AVENUE REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$493.26
3.204	Nonpriority creditor's name and mailing address ELECTRO-MOTION, INC 4949 THORNTON AVENUE UNIT B FREMONT, CA 94536 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,649.83
3.205	Nonpriority creditor's name and mailing address ELI LILLY P.O. BOX 1768 PITTSBURGH, PA 15230 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00

(Name)

Part 2: Additional Page

		Amount of claim
3.206	Nonpriority creditor's name and mailing address ELRIG (UK) LTD. SALISBURY HOUSE STATION ROAD CAMBRIDGE CB1 2LA UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,122.36
3.207	Nonpriority creditor's name and mailing address EMBRAPA CARLOS DA SILVEIRA CARNEIRO 44. NOVA FRIBURGO CEP BRAZIL Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,454.63
3.208	Nonpriority creditor's name and mailing address EMBRAPA CARLOS DA SILVEIRA CARNEIRO 44. NOVA FRIBURGO CEP BRAZIL Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$45.37
3.209	Nonpriority creditor's name and mailing address EMD MILLIPORE 25802 NETWORK PLACE CHICAGO, IL 60673 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$102,949.06
3.210	Nonpriority creditor's name and mailing address EMD SERONO RESEARCH & DEVELOPMENT INSTITUTE ONE TECHNOLOGY PLACE ROCKLAND, MA 2370 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$888.88

Part 2:

Additional Page

			Amount of claim
3.211	Nonpriority creditor's name and mailing address EMERGING TECHNOLOGIES FUND II LLC 1140 AVENUE OF THE AMERICAS, 9TH FLOOR NEW YORK, NY 10036 Date or dates debt was incurred 8/22/2023 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$501,753.42
3.212	Nonpriority creditor's name and mailing address EMERGING TECHNOLOGIES FUND III LLC 1140 AVENUE OF THE AMERICAS, 9TH FLOOR NEW YORK, NY 10036 Date or dates debt was incurred 8/22/2023 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$627,191.78
3.213	Nonpriority creditor's name and mailing address EMOLECULES INC 3430 CARMEL MOUNTAIN ROAD SUITE 250 SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,583.70
3.214	Nonpriority creditor's name and mailing address EMOLECULES INC 3430 CARMEL MOUNTAIN ROAD SUITE 250 SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,219.35
3.215	Nonpriority creditor's name and mailing address EMOLECULES INC 3430 CARMEL MOUNTAIN ROAD SUITE 250 SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$702.00

(Name)

Part 2: Additional Page

		Amount of claim
3.216	Nonpriority creditor's name and mailing address EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$20,150.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.217	Nonpriority creditor's name and mailing address EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$4,004.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.218	Nonpriority creditor's name and mailing address ENGINE ROOM 4725 FIRST STREET SUITE 200 PLEASANTON, CA 94566 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$10,212.50 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.219	Nonpriority creditor's name and mailing address ENLAZA THERAPEUTICS 11099 NORTH TORREY PINES ROAD STE 280 LA JOLLA, CA 92037 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$1,099.00 <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.220	Nonpriority creditor's name and mailing address ENVIRONMENTAL PROTECTION AGENCY RTP-FINANCE CENTER (AA216-01) 109 TW ALEXANDER DRIVE RESEARCH TRIANGLE PARK, NC 27711 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$2,000.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2:

Additional Page

			Amount of claim
3.221	Nonpriority creditor's name and mailing address EQUIPNET INC 5 DAN ROAD CANTON, MA 02021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$575.00
3.222	Nonpriority creditor's name and mailing address ERNST & YOUNG US LLP PO BOX 846793 LOS ANGELES, CA 90084 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,019.00
3.223	Nonpriority creditor's name and mailing address ERS GENOMICS LIMITED 88 HARCOURT STREET DUBLIN IRELAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ROYALTIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$697,000.00
3.224	Nonpriority creditor's name and mailing address ESTES COMMERCIAL REFRIGERATION 1400 POTRERO AVENUE RICHMOND, CA 94804 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$480.00
3.225	Nonpriority creditor's name and mailing address ETABLISSEMENT FRANCAIS DU SANG GRAND EST 85/87 BOULEVARD LOBAU CS10720 NANCY CEDEX 54064 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$415.00

Part 2:

Additional Page

			Amount of claim
3.226	Nonpriority creditor's name and mailing address ETH ZURICH 101 RMISTRASSE ZURICH 08092 SWITZERLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$689.00
3.227	Nonpriority creditor's name and mailing address ETHRIS GMBH SEMMELWEISSTRASSE 3 PLANEGG 82152 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$598.00
3.228	Nonpriority creditor's name and mailing address EUROFINS GENOMICS EUROFINS GENOMICS GERMANY GMBH ANZINGER STR. 7A EBERSBERG 85560 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,276.10
3.229	Nonpriority creditor's name and mailing address EWT HOLDINGS III CORP (DBA EVOQUA WATER TECHNOLOGIES LLC) 28563 NETWORK PLACE CHICAGO, IL 60673-1285 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,959.72
3.230	Nonpriority creditor's name and mailing address EXCELSIOR HOLDINGS C2 LLC ATTN: TODD MIRANDA, CEO 6600 FRANCE AVE. S. SUITE 550 MINNEAPOLIS, MN 55435 Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219,315.76

Part 2:

Additional Page

			Amount of claim
3.231	Nonpriority creditor's name and mailing address EXCISION BIOTHERAPEUTICS 134 COOLIDGE AVENUE WATERTOWN, MA 02472 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,153.19
3.232	Nonpriority creditor's name and mailing address EXELIXIS 1851 HARBOR BAY PARKWAY ALAMEDA, CA 94502 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$331.14
3.233	Nonpriority creditor's name and mailing address EXONICS THERAPEUTICS 490 ARSENAL WAY · SUITE 110 WATERTOWN, MA 02472 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.63
3.234	Nonpriority creditor's name and mailing address F. HOFFMANN-LA ROCHE GRENZACHERSTRASSE 124 BASEL 04070 SWITZERLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.15
3.235	Nonpriority creditor's name and mailing address FATE THERAPEUTICS, INC 12278 SCRIPPS SUMMIT DR SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,314.70

Part 2:

Additional Page

			Amount of claim
3.236	Nonpriority creditor's name and mailing address FEDERAL EXPRESS PO BOX 371461 PITTSBURGH, PA 15250-7461 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.34
3.237	Nonpriority creditor's name and mailing address FERRING RESEARCH INSTITUTE 4245 SORRENTO VALLEY BLVD SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,556.69
3.238	Nonpriority creditor's name and mailing address FESTO CORP PO BOX 1355 BUFFALO, NY 14240 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.37
3.239	Nonpriority creditor's name and mailing address FISHER & PHILIPS 650 S. MAIN ST. SUITE 150-35 SALT LAKE CITY, UT 84101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.06
3.240	Nonpriority creditor's name and mailing address FISHER SCIENTIFIC 13551 COLLECTIONS CTR DR CHICAGO, IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,477.58

Part 2:

Additional Page

			Amount of claim
3.241	Nonpriority creditor's name and mailing address FISHER SCIENTIFIC 13551 COLLECTIONS CTR DR CHICAGO, IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$585.00
3.242	Nonpriority creditor's name and mailing address FIVE PRIME THERAPEUTICS INC. 111 OYSTER POINT BOULEVARD SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,899.44
3.243	Nonpriority creditor's name and mailing address FLI-LEIBNIZ INSTITUTE ON AGING 11 BEUTENBERGSTRASSE JENA 07745 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.00
3.244	Nonpriority creditor's name and mailing address FMP ROBERT-ROSSLE STR 10 SCREENING UNIT TRH BERLIN 13125 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.245	Nonpriority creditor's name and mailing address FOOD AND DRUG ADMINISTRATION 200 INDEPENDENCE AVENUE SOUTHWEST WASHINGTON, MD 20993 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00

Part 2:

Additional Page

			Amount of claim
3.246	Nonpriority creditor's name and mailing address FOX CHASE CANCER CENTER 333 COTTMAN AVENUE PHILADELPHIA, PA 19111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$481.44
3.247	Nonpriority creditor's name and mailing address FOX CHASE CANCER CENTER 333 COTTMAN AVENUE PHILADELPHIA, PA 19111 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82.56
3.248	Nonpriority creditor's name and mailing address FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98116 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,089.26
3.249	Nonpriority creditor's name and mailing address FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98116 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.50
3.250	Nonpriority creditor's name and mailing address FREZZA, BRIAN ADDRESS REDACTED Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,377.15

Part 2:

Additional Page

			Amount of claim
3.251	Nonpriority creditor's name and mailing address FU XIN MEDICAL EQUIPMENTS CO., LTD. NO.96, SEC. 2, REN AI RD, LINKOU DIST TAIWAN (ROC) 24449 TAIWAN Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$872.20
3.252	Nonpriority creditor's name and mailing address FU XIN MEDICAL EQUIPMENTS CO., LTD. NO.96, SEC. 2, REN AI RD, LINKOU DIST TAIWAN (ROC) 24449 TAIWAN Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.75
3.253	Nonpriority creditor's name and mailing address GARVIN, ANDREW 3250 LAGUNA ST., APT 301 SAN FRANCISCO, CA 94123 Date or dates debt was incurred 1/29/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: REFUND Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,287.44
3.254	Nonpriority creditor's name and mailing address GENENTECH PO BOX 50416 INDIANAPOLIS, IN 46250 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,702.57
3.255	Nonpriority creditor's name and mailing address GENENTECH PO BOX 50416 INDIANAPOLIS, IN 46250 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,556.38

Part 2:

Additional Page

			Amount of claim
3.256	Nonpriority creditor's name and mailing address GENENTECH PO BOX 50416 INDIANAPOLIS, IN 46250 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,710.63
3.257	Nonpriority creditor's name and mailing address GENENTECH PO BOX 50416 INDIANAPOLIS, IN 46250 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,757.43
3.258	Nonpriority creditor's name and mailing address GENENTECH (CL) PO BOX 4354 PORTLAND, OR 97208 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.89
3.259	Nonpriority creditor's name and mailing address GENESUZ 19 MAYIS MAH. ATATÜRK CAD. YAMAÇ SK. NO: 1 ŞEREF YAZGAN İŞ MERKEZİ K:7 D:18-19 KADIKÖY/İSTANBUL, TURKEY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$494.01
3.260	Nonpriority creditor's name and mailing address GENIE SCIENTIFIC 17430 MT CLIFFWOOD CIR FOUNTAIN VALLEY, CA 92708 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,074.44

Part 2:

Additional Page

			Amount of claim
3.261	Nonpriority creditor's name and mailing address GENMAB 43 KALVEBOD BRYGGE COPENHAGEN 01560 NETHERLANDS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.35
3.262	Nonpriority creditor's name and mailing address GENMAB 43 KALVEBOD BRYGGE COPENHAGEN 1560 NETHERLANDS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.00
3.263	Nonpriority creditor's name and mailing address GENTIBIO 150 CAMBRIDGE PARK DR. SUITE 900 CAMBRIDGE, MA 02140 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.264	Nonpriority creditor's name and mailing address GENUS PLC MATRIX HOUSE BASING VIEW BASINGSTOKE HAMPSHIRE, RG21 4DZ UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.95
3.265	Nonpriority creditor's name and mailing address GEORGE WASHINGTON UNIVERSITY - DC 8525 BRADFORD RD SILVER SPRING, MD 20901 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,291.00

Part 2:

Additional Page

			Amount of claim
3.266	Nonpriority creditor's name and mailing address GEORGE WASHINGTON UNIVERSITY - DC 8525 BRADFORD RD SILVER SPRING, MD 20901 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.267	Nonpriority creditor's name and mailing address GEORGIA INSTITUTE OF TECHNOLOGY 225 NORTH AVE ATLANTA, GA 30332 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,054.00
3.268	Nonpriority creditor's name and mailing address GEORG-SPEYER-HAUS, CHEMOTHERAPEUTISCHES FORSCHUNGSINSTITUT PAUL-EHRLICH-STRASSE 42-44 60596 FRANKFURT AM MAIN GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,239.00
3.269	Nonpriority creditor's name and mailing address GEORG-SPEYER-HAUS, CHEMOTHERAPEUTISCHES FORSCHUNGSINSTITUT PAUL-EHRLICH-STRASSE 42-44 60596 FRANKFURT AM MAIN GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.00
3.270	Nonpriority creditor's name and mailing address GHENT UNIVERSITY 42 MARTELARENLAAN HASSELT 03500 BELGIUM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,087.25

Part 2:

Additional Page

			Amount of claim
3.271	Nonpriority creditor's name and mailing address GIGAFUND 1, LP 1200 SEAPORT BLVD REDWOOD CITY, CA 94063 Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$179,126.73
3.272	Nonpriority creditor's name and mailing address GILEAD SCIENCES, INC. 324 LAKESIDE DR FOSTER CITY, CA 94404 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,910.73
3.273	Nonpriority creditor's name and mailing address GILEAD SCIENCES, INC. 324 LAKESIDE DR FOSTER CITY, CA 94404 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,343.98
3.274	Nonpriority creditor's name and mailing address GLADSTONE INSTITUTES 1650 OWENS ST SAN FRANCISCO, CA 94158 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,459.17
3.275	Nonpriority creditor's name and mailing address GLAXOSMITHKLINE UK 980 GREAT WEST ROAD BRENTFORD MIDDLESEX TW8 9GS UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,624.31

Part 2: Additional Page

		Amount of claim
3.276	Nonpriority creditor's name and mailing address GLAXOSMITHKLINE UK 980 GREAT WEST ROAD BRENTFORD MIDDLESEX, 0 TW8 9GS UNITED KINGDOM Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,473.61
3.277	Nonpriority creditor's name and mailing address GLOBAL LIFE SCIENCES SOLUTIONS USA LLC 100 RESULTS WAY MARLBOROUGH, MA 01752 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,298.38
3.278	Nonpriority creditor's name and mailing address GLOBAL SENSORS 63 MCADENVILLE RD BELMONT, NC 28012-2434 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$168.75
3.279	Nonpriority creditor's name and mailing address GOOGLE LLC PO BOX 883654 LOS ANGELES, CA 90088-3654 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$21,069.78
3.280	Nonpriority creditor's name and mailing address GRAINGER (W.W. GRAINGER, INC.) 100 GRAINGER PARKWAY LAKE FOREST, IL 60045-5201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,441.15

Part 2:

Additional Page

		Amount of claim
3.281	Nonpriority creditor's name and mailing address GRANT THORNTON LLP PO BOX 51552 LOS ANGELES, CA 90051-5852 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$32,100.00
3.282	Nonpriority creditor's name and mailing address GRAPHITE BIO, INC. 279 E GRAND AVE. SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.01
3.283	Nonpriority creditor's name and mailing address GUAN, HAO 849 MILLER CUPERTINO, CA 95014 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$7,800.00
3.284	Nonpriority creditor's name and mailing address HALOZYME THERAPEUTICS, INC. 11388 SORRENTO VALLEY RD SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,616.25
3.285	Nonpriority creditor's name and mailing address HAMILTON ROBOTICS 4970 ENERGY WAY RENO RENO, NV 89502 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$49,115.50

Part 2: Additional Page

		Amount of claim
3.286	Nonpriority creditor's name and mailing address HARVARD UNIVERSITY 2138 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$31,489.00
3.287	Nonpriority creditor's name and mailing address HARVARD UNIVERSITY 2138 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$459.31
3.288	Nonpriority creditor's name and mailing address HAVEN AVE., LLC (FORMERLY WHITE PROPERTIES) 431 BURGESS DR SUITE 200 MENLO PARK, CA 94025-3478 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$94,142.03
3.289	Nonpriority creditor's name and mailing address HEARTBEAT.BIO DR. BOHR-GASSE 7 VIENNA BIOCENTER 6 (VBC6) VIENNA 1030 AUSTRIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$368.54
3.290	Nonpriority creditor's name and mailing address HIGH PERFORMANCE SOFTWARE, USA INC (ZUANT) 704 HINDRY AVE INGLEWOOD, CA 90301 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$135.00

Part 2:

Additional Page

			Amount of claim
3.291	Nonpriority creditor's name and mailing address HONGENE BIOTECH CORPORATION 29520 KOHOUTEK WAY UNION CITY, CA 94587 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,896.05
3.292	Nonpriority creditor's name and mailing address HOWARD HUGHES MEDICAL INSTITUTE 4000 JONES BRIDGE RD STANFORD, MD 20147 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,653.23
3.293	Nonpriority creditor's name and mailing address HOWARD UNIVERSITY 2400 SIXTH ST N W 603 WASHINGTON, DC 20059 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250.00
3.294	Nonpriority creditor's name and mailing address HOWELL ELECTRIC 3390 VISO COURT SANTA CLARA, CA 95054 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,684.00
3.295	Nonpriority creditor's name and mailing address HUIDAGENE THERAPEUTICS (SINGAPORE) PTE LTD 2 VENTURE DRIVE 11-31 VISION EXCHANGE SINGAPORE 522491 SINGAPORE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LICENSE FOR HFCAS12MAX Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	UNKNOWN

Part 2: Additional Page

		Amount of claim
3.296	Nonpriority creditor's name and mailing address ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L. LEVY PLACE BOX 1662 NEW YORK, NY 10029 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$14,719.25
3.297	Nonpriority creditor's name and mailing address ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L. LEVY PLACE BOX 1662 NEW YORK, NY 10029 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,190.00
3.298	Nonpriority creditor's name and mailing address ICHNOS SCIENCES BIOTHERAPEUTICS SA CHEMIN DE LA COMBETA 5 LA CHAUX-DE-FONDS 2300 SWITZERLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$970.00
3.299	Nonpriority creditor's name and mailing address ILLUMINA, INC 12864 COLLECTION CENTER DR. CHICAGO, IL 60693-0128 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$509.16
3.300	Nonpriority creditor's name and mailing address IMCS, INC 110 CENTRUM DR. IRMO, SC 29063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$33,229.00

Part 2:

Additional Page

		Amount of claim
3.301	Nonpriority creditor's name and mailing address IMMUNOCORE LTD. 101 PARK DR, MILTON PARK MILTON OX14 4RY UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$197.50
3.302	Nonpriority creditor's name and mailing address IMMUNOME 18702 NORTH CREEK PARKWAY SUITE 100 BOTHELL, WA 98011 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$150.00
3.303	Nonpriority creditor's name and mailing address IMMUNOVEC 405 HILGARD AVENUE LOS ANGELES, CA 90024 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$539.12
3.304	Nonpriority creditor's name and mailing address IMMUSMOL 229 COURS DE LARGONNE BORDEAUX 33000 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$346.19
3.305	Nonpriority creditor's name and mailing address IMPACT ENVIRONMENTAL COMPANY, INC. 507 BROADWAY UNIT C EL CAJON, CA 92021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,617.00

Part 2:

Additional Page

		Amount of claim
3.306	Nonpriority creditor's name and mailing address IMPERIAL COLLEGE LONDON SOUTH KENSINGTON CAMPUS LONDON W12 0BZ UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$21.00
3.307	Nonpriority creditor's name and mailing address IMPERIAL LIFE SCIENCES PRIVATE LIMITED 463 PACE CITY II, SECTOR - 37 GURUGRAM 122001 INDIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,000.00
3.308	Nonpriority creditor's name and mailing address INCYTE CORPORATION 1801 AUGUSTINE CUT OFF WILMINGTON, DE 19803 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,712.00
3.309	Nonpriority creditor's name and mailing address INCYTE CORPORATION 1801 AUGUSTINE CUT OFF WILMINGTON, DE 19803 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$328.00
3.310	Nonpriority creditor's name and mailing address INDIANA UNIVERSITY 1020 E KIRKWOOD AVE INDIANAPOLIS, IN 46202 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,758.00

Part 2:

Additional Page

			Amount of claim
3.311	Nonpriority creditor's name and mailing address INDIANA UNIVERSITY 1020 E KIRKWOOD AVE INDIANAPOLIS, IN 46202 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,861.00
3.312	Nonpriority creditor's name and mailing address INDIANA UNIVERSITY 1020 E KIRKWOOD AVE INDIANAPOLIS, IN 46202 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$711.00
3.313	Nonpriority creditor's name and mailing address INDUSTRIAL SCIENTIFIC ONE LIFE WAY PITTSBURGH, PA 15205-7500 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,524.23
3.314	Nonpriority creditor's name and mailing address INGENIUM GROUP LLC PO BOX 849700 LOS ANGELES, CA 90084-9700 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,728.13
3.315	Nonpriority creditor's name and mailing address INNOLIFETECH, INC. 1F., 64-10 YEONHUI-RO SEODAEMUN-GU SEOUL 03727 SOUTH KOREA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$769.75

Part 2:

Additional Page

			Amount of claim
3.316	Nonpriority creditor's name and mailing address INSERTM 101 RUE DE TOLBIAC PARIS 75013 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,141.00
3.317	Nonpriority creditor's name and mailing address INSITRO 259 EAST GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,369.54
3.318	Nonpriority creditor's name and mailing address INSITRO 259 EAST GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,122.36
3.319	Nonpriority creditor's name and mailing address INSMED INNOVATION UK LTD BABRAHAM RESEARCH CAMPUS, BUILDING 280 CAMBRIDGE CB22 3AT UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,250.00
3.320	Nonpriority creditor's name and mailing address INSTIL BIO ALDERLEY PARK BLOCK 19 CONGLETON ROAD MACCLESFIELD SK10 4TF UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.47

Part 2:

Additional Page

		Amount of claim
3.321	Nonpriority creditor's name and mailing address INSTITUT DE GÉNOMIQUE FONCTIONNELLE DE LYON 32-34 AV. TONY GARNIER LYON 69007 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$324.00
3.322	Nonpriority creditor's name and mailing address INTELLETRACE, INC. 1602 GRANT AVE SUITE 208 NOVATO, CA 94945 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$23,586.42
3.323	Nonpriority creditor's name and mailing address INTERIUS BIOTHERAPEUTICS 3401 GRAYS FERRY AVENUE PHILADELPHIA, PA 19146 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$34.56
3.324	Nonpriority creditor's name and mailing address INTERNATIONAL FLAVORS & FRAGRANCES (IFF) 925 PAGE MILL ROAD PALO ALTO, CA 94304 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,000.00
3.325	Nonpriority creditor's name and mailing address INTIMA BIOSCIENCE 3 COLUMBUS CIRCLE NEW YORK, NY 10019 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$238,730.20

(Name)

Part 2:

Additional Page

		Amount of claim
3.326	Nonpriority creditor's name and mailing address INVIVOSCRIBE 10222 BARNES CANYON RD BUILDING 1 SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,216.24
3.327	Nonpriority creditor's name and mailing address IOWA STATE UNIVERSITY 100 CENTER AVE OF AMES, IA 50010 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$20.50
3.328	Nonpriority creditor's name and mailing address IRON MOUNTAIN PO BOX 601002 PASADENA, CA 91189-1002 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,352.90
3.329	Nonpriority creditor's name and mailing address JANSSEN BIOTHERAPEUTICS 1400 MCKEAN ROAD SPRING HOUSE, PA 19477 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$26,005.15
3.330	Nonpriority creditor's name and mailing address JNANA THERAPEUTICS, INC ONE DESIGN CENTER PLACE SUITE 19-400 BOSTON, MA 2210 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$64.00

Part 2:

Additional Page

			Amount of claim
3.331	Nonpriority creditor's name and mailing address JOHNS HOPKINS HOSPITAL 1800 ORLEANS STREET BALTIMORE, MD 21287 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.00
3.332	Nonpriority creditor's name and mailing address KAESER COMPRESSORS PO BOX 946 FREDERICKSBURG, VA 22404 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,699.70
3.333	Nonpriority creditor's name and mailing address KAROLINSKA INSTITUTE BIOMEDICUM 9B SOLNA 90850 SWEDEN Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,725.00
3.334	Nonpriority creditor's name and mailing address KBIOSYSTEMS LIMITED 5-10 PAYCOCKE CL BASILDON, SS14 3HS UNITED KINGDON Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,080.00
3.335	Nonpriority creditor's name and mailing address KECK GRADUATE INSTITUTE 535 WATSON DRIVE CLAREMONT, CA 91711 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,663.64

Part 2:

Additional Page

		Amount of claim
3.336	Nonpriority creditor's name and mailing address KESTREL THERAPEUTICS INC PAGLIUCA HARVARD LIFE LAB 127 WESTERN AVE ALLISTON, MA 02134 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$100.00
3.337	Nonpriority creditor's name and mailing address KIEL UNIVERSITY OTTO-HAHN-PLATZ 9 KIEL SCHLESWIG-HOLSTEIN 24118 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$981.00
3.338	Nonpriority creditor's name and mailing address KINGS COLLEGE 5-11 LAVINGTON ST LONDON SE1 0NZ UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$55.75
3.339	Nonpriority creditor's name and mailing address KITE PHARMA PO BOX 25270 SAN MATEO, CA 94402 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$15,994.09
3.340	Nonpriority creditor's name and mailing address KITE PHARMA PO BOX 25270 SAN MATEO, CA 94402 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$571.17

Part 2: Additional Page

		Amount of claim
3.341	Nonpriority creditor's name and mailing address KNOWBE4 INC. 33 N GARDEN AVE SUITE 1200 CLEARWATER, FL 33573 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,898.00
3.342	Nonpriority creditor's name and mailing address KO LAW PC 745 SHERMAN ST DENVER, CO 80203 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,286.50
3.343	Nonpriority creditor's name and mailing address KROHN, MARCO ADDRESS REDACTED Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,563.44
3.344	Nonpriority creditor's name and mailing address KYTOPEN 750 MAIN ST LAB 326 CAMBRIDGE, MA 2139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,144.00
3.345	Nonpriority creditor's name and mailing address KYVERNA THERAPEUTICS 5980 HORTON ST. STE 550 EMERYVILLE, CA 94608 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$174.55

Part 2:

Additional Page

			Amount of claim
3.346	Nonpriority creditor's name and mailing address LA JOLLA INSTITUTE FOR ALLERGY AND IMMUNOLOGY 9420 ATHENA CIRCLE SAN DIEGO, CA 92037 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,236.63
3.347	Nonpriority creditor's name and mailing address LABCONCO CORPORATION 8811 PROSPECT AVENUE KANSAS CITY, MO 64132-2696 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,133.50
3.348	Nonpriority creditor's name and mailing address LABOSPACE SRL VIA APELLE, 41 MILANO 20128 ITALY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.54
3.349	Nonpriority creditor's name and mailing address LABX 1000 N WEST STREET SUITE 1200 WILMINGTON, DE 19801 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,500.00
3.350	Nonpriority creditor's name and mailing address LBB SPECIALTIES HOLDINGS LLC 601 MERRITT 7 FL 1 NORWALK, CT 6851 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,191.68

(Name)

Part 2:

Additional Page

		Amount of claim
3.351	Nonpriority creditor's name and mailing address LEGEND BIOTECH INC 2101 COTTONTAIL LANE PISCATAWAY, NJ 8854 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,552.00
3.352	Nonpriority creditor's name and mailing address LEIDEN UNIVERSITY/LACDR 2 ALBINUSDREEF LEIDEN 2333ZA NETHERLANDS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$33,358.19
3.353	Nonpriority creditor's name and mailing address LEIDEN UNIVERSITY/LACDR 2 ALBINUSDREEF LEIDEN 2333ZA NETHERLANDS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,377.19
3.354	Nonpriority creditor's name and mailing address LEIDOS BIOMEDICAL RESEARCH, INC. 9000 ROCKVILLE PIKE BETHESDA, MD 20892 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$145,262.11
3.355	Nonpriority creditor's name and mailing address LENTIGEN TECHNOLOGY INC. 1201 CLOPPER RD GAITHERSBURG, MD 20878 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$171.38

Part 2:

Additional Page

			Amount of claim
3.356	Nonpriority creditor's name and mailing address LESLIE ENTERPRISES LP 738 WESTRIDGE DRIVE PORTOLA VALLEY, CA 94028 Date or dates debt was incurred 8/23/2023 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$626,986.30
3.357	Nonpriority creditor's name and mailing address LESLIE ENTERPRISES LP 738 WESTRIDGE DRIVE PORTOLA VALLEY, CA 94028 Date or dates debt was incurred 9/30/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NON-CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187,039.74
3.358	Nonpriority creditor's name and mailing address LEVER, INC. PO BOX 201054 DALLAS, TX 75320-1054 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,300.00
3.359	Nonpriority creditor's name and mailing address LG CHEM LTD. MAGIKJUNGANG10-RO 30 07796 SOUTH KOREA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,791.96
3.360	Nonpriority creditor's name and mailing address LIFE TECHNOLOGIES CORPORATION 12088 COLLECTIONS CENTER DR. CHICAGO, IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.65

Part 2:

Additional Page

			Amount of claim
3.361	Nonpriority creditor's name and mailing address LIFEEDIT 300 MORRIS ST SUITE 300 DURHAM, NC 27701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,015.73
3.362	Nonpriority creditor's name and mailing address LIFEEDIT 300 MORRIS ST SUITE 300 DURHAM, NC 27701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,112.41
3.363	Nonpriority creditor's name and mailing address LIFEMINE THERAPEUTICS 30 ACORN PARK DR CAMBRIDGE, MA 02140 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.50
3.364	Nonpriority creditor's name and mailing address LINKEDIN 1000 WEST MAUDE AVENUE SUNNYVALE, CA 94085 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,480.00
3.365	Nonpriority creditor's name and mailing address LMU FEODOR-LYNEN-STR. 23 MUNICH 81377 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,913.98

Part 2:

Additional Page

			Amount of claim
3.366	Nonpriority creditor's name and mailing address LOMA LINDA UNIVERSITY 11175 CAMPUS ST LOMA LINDA, CA 92354 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,468.12
3.367	Nonpriority creditor's name and mailing address LORY TAN 3050 MUIRFIELD CIR. SAN BRUNO, CA 94066-1235 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$569.00
3.368	Nonpriority creditor's name and mailing address LUMA BIO-IT SPV, L.P. ATTN: IAN SHANNON, GENERAL COUNSEL PIER 5 SUITE 101 SAN FRANCISCO, CA 94111 Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$255,865.75
3.369	Nonpriority creditor's name and mailing address LUMA BIO-IT SPV-A, L.P. ATTN: IAN SHANNON, GENERAL COUNSEL PIER 5 SUITE 101 SAN FRANCISCO, CA 94111 Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625,951.41
3.370	Nonpriority creditor's name and mailing address L'UNIVERSITÉ DE BORDEAUX 146 RUE LÉO SAIGNAT BORDEAUX 33000 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.00

Part 2:

Additional Page

			Amount of claim
3.371	Nonpriority creditor's name and mailing address LUXEMBOURG INSTITUTE OF HEALTH 1 A-B RUE THOMAS EDISON STRASSEN LUXEMBOURG 01445 LUXEMBOURG Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
3.372	Nonpriority creditor's name and mailing address LUXEMBOURG INSTITUTE OF HEALTH 1 A-B RUE THOMAS EDISON STRASSEN LUXEMBOURG 1445 LUXEMBOURG Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$452.00
3.373	Nonpriority creditor's name and mailing address LYELL IMMUNOPHARMA 500 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,185.42
3.374	Nonpriority creditor's name and mailing address MARINE BIOLOGICAL LABORATORY 7 MBL ST FALMOUTH, MA 02543 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$439.00
3.375	Nonpriority creditor's name and mailing address MARINE BIOLOGICAL LABORATORY 7 MBL ST FALMOUTH, MA 02543 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.19

Part 2: Additional Page

		Amount of claim
3.376	Nonpriority creditor's name and mailing address MARSH & MCLENNAN AGENCY, LLC LOCK BOX 740663 LOS ANGELES, CA 90074 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$9,300.65
3.377	Nonpriority creditor's name and mailing address MASS GENERAL BRIGHAM 399 REVOLUTION DRIVE SOMERVILLE, MA 02215 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$13,810.08
3.378	Nonpriority creditor's name and mailing address MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,499.38
3.379	Nonpriority creditor's name and mailing address MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$163.03
3.380	Nonpriority creditor's name and mailing address MATHESON TRI-GAS INC. 909 LAKE CAROLYN PKWY STE 1300 IRVING, TX 75039 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,077.29

Part 2:

Additional Page

			Amount of claim
3.381	Nonpriority creditor's name and mailing address MAX DELBRUCK CENTER FOR MOLECULAR MEDICINE ROBERT ROSSLE STRASSE 10 ZENTRALER RECHNUNGSEINGANG BERLIN 13125 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,751.00
3.382	Nonpriority creditor's name and mailing address MAX DELBRUCK CENTER FOR MOLECULAR MEDICINE ROBERT ROSSLE STRASSE 10 ZENTRALER RECHNUNGSEINGANG BERLIN 13125 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.383	Nonpriority creditor's name and mailing address MAYO CLINIC 200 FIRST ST S W ROCHESTER, MN 55905 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,102.65
3.384	Nonpriority creditor's name and mailing address MAZE THERAPEUTICS 171 OYSTER POINT BLVD SUITE 300 SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,019.45
3.385	Nonpriority creditor's name and mailing address MCGILL UNIVERSITY 845 RUE SHERBROOKE O MONTREAL, QC H3A 3T3 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,764.00

Part 2:

Additional Page

			Amount of claim
3.386	Nonpriority creditor's name and mailing address MCMaster-CARR 600 COUNTY LINE ROAD ELMHURST, IL 60126 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$211.80
3.387	Nonpriority creditor's name and mailing address MD ANDERSON CANCER CENTER PO BOX 301401 HOUSTON, TX 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,407.00
3.388	Nonpriority creditor's name and mailing address MD ANDERSON CANCER CENTER PO BOX 301401 HOUSTON, TX 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158.97
3.389	Nonpriority creditor's name and mailing address MD ANDERSON CANCER CENTER PO BOX 301401 HOUSTON, TX 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.99
3.390	Nonpriority creditor's name and mailing address MDC SYSTEMS INC. 780 MONTAGUE EXPY SUITE 106 SAN JOSE, CA 95131 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$960.23

Part 2:

Additional Page

			Amount of claim
3.391	Nonpriority creditor's name and mailing address MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53213 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$444.69
3.392	Nonpriority creditor's name and mailing address MEDICAL UNIVERSITY OF GRAZ FINANZBUCHHALTUNG NEUE STIFINGTALSTRASSE 6 GRAZ 08010 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.00
3.393	Nonpriority creditor's name and mailing address MEDICAL UNIVERSITY OF GRAZ FINANZBUCHHALTUNG NEUE STIFINGTALSTRASSE 6 GRAZ 8010 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,366.00
3.394	Nonpriority creditor's name and mailing address MEMBRE DE L'INSTITUT UNIVERSITAIRE DE FRANCE 33 RUE FRANCOIS MITTERRAND LIMOGES 87000 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,945.00
3.395	Nonpriority creditor's name and mailing address MEMBRE DE L'INSTITUT UNIVERSITAIRE DE FRANCE 33 RUE FRANCOIS MITTERRAND LIMOGES 87000 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$712.40

Part 2:

Additional Page

			Amount of claim
3.396	Nonpriority creditor's name and mailing address MEMORIAL HERMANN 6411 FANNIN ST HOUSTON, TX 77030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
3.397	Nonpriority creditor's name and mailing address MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE 4TH FLOOR NEW YORK, NY 10017 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,767.32
3.398	Nonpriority creditor's name and mailing address MENLO VENTURES XI L.P. ATTN: MARK SIEGEL 3000 SAND HILL ROAD, BUILDING 4, SUITE 100 MENLO PARK, CA 94025 Date or dates debt was incurred 12/29/2023 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,241,232.94
3.399	Nonpriority creditor's name and mailing address MENLO VENTURES XI L.P. ATTN: MARK SIEGEL 3000 SAND HILL ROAD, BUILDING 4, SUITE 100 MENLO PARK, CA 94025 Date or dates debt was incurred 2/5/2025 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NON-CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,446,750.00
3.400	Nonpriority creditor's name and mailing address MERIDIAN MECHANICAL INC 955 LINDA DRIVE CAMPBELL, CA 95008 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,930.00

Part 2:

Additional Page

			Amount of claim
3.401	Nonpriority creditor's name and mailing address MERRICK, KAY E. ADDRESS REDACTED Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,151.98
3.402	Nonpriority creditor's name and mailing address MESTAG THERAPEUTICS, LTD. 71 KINGSWAY FIRST FLOOR LONDON WC2B 6ST UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.82
3.403	Nonpriority creditor's name and mailing address MET ONE INSTRUMENTS, INC. 1600 NW WASHINGTON BLVD GRANTS PASS, OR 97526 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$830.91
3.404	Nonpriority creditor's name and mailing address METTLER-TOLEDO RAININ LLC PO BOX 100802 PASADENA, CA 91189-0802 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,519.20
3.405	Nonpriority creditor's name and mailing address MICHIGAN STATE UNIVERSITY 673 AUDITORIUM ROAD EAST LANSING, MI 48824 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.00

Part 2:

Additional Page

			Amount of claim
3.406	Nonpriority creditor's name and mailing address MICHIGAN STATE UNIVERSITY 673 AUDITORIUM ROAD EAST LANSING, MI 48824 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
3.407	Nonpriority creditor's name and mailing address MICRON LASER TECHNOLOGY 5560 NE WAGON DR HILLSBORO, OR 97124 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,617.00
3.408	Nonpriority creditor's name and mailing address MILLIPORE SIGMA 2000 GALLOPING HILL RD KENILWORTH, NJ 63103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$960.00
3.409	Nonpriority creditor's name and mailing address MIRIMUS 760 PARKSIDE AVENUE SUITE 206 BROOKLYN, NY 11226 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.00
3.410	Nonpriority creditor's name and mailing address MISSION THERAPEUTICS MEDITRINA (BUILDING 260) BABRAHAM CB22 3AT UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

Part 2:

Additional Page

			Amount of claim
3.411	Nonpriority creditor's name and mailing address MIT (MASSACHUSETTS INSTITUTE OF TECHNOLOGY) 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,534.19
3.412	Nonpriority creditor's name and mailing address MIT (MASSACHUSETTS INSTITUTE OF TECHNOLOGY) 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,486.00
3.413	Nonpriority creditor's name and mailing address MMEF XI, L.P. 2884 SAND HILL ROAD, SUITE 100 MENLO PARK, CA 94025 Date or dates debt was incurred 12/29/2023 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122,766.58
3.414	Nonpriority creditor's name and mailing address MMEF XI, L.P. 2884 SAND HILL ROAD, SUITE 100 MENLO PARK, CA 94025 Date or dates debt was incurred 2/5/2025 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NON-CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,250.00
3.415	Nonpriority creditor's name and mailing address MNEMO THERAPEUTICS 430 E 29 TH STREET 15TH FLOOR NEW YORK, NY 10016 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,220.97

Part 2:

Additional Page

			Amount of claim
3.416	Nonpriority creditor's name and mailing address MOMA THERAPEUTICS 20 ACORN PARK DR 6TH FLOOR CAMBRIDGE, MA 2140 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
3.417	Nonpriority creditor's name and mailing address MONASH UNIVERSITY SCHOOL OF CLINICAL SCIENCES NURSING AND HEALTH SCIENCESLEVEL 7 MONASH HEALTH TRANSLATIONAL - 246 CLAYTON ROAD MELBOURNE, VIC 3168 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.418	Nonpriority creditor's name and mailing address MONASH UNIVERSITY - SCHOOL OF CLINICAL SCIENCES NURSING AND HEALTH SCIENCESLEVEL 7 MONASH HEALTH TRANSLATIONAL PRECINCT 246 CLAYTON ROAD MELBOURNE, VIC 03168 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.00
3.419	Nonpriority creditor's name and mailing address MONTREAL NEUROLOGICAL INSTITUTE SURGERY DEPARTMENT MONTREAL GENERAL HOSPITAL ROOM C10-148.5 MONTREAL, QC H3A 3T3 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,288.00
3.420	Nonpriority creditor's name and mailing address MOO INC 25 FAIRMOUNT AVENUE EAST PROVIDENCE, RI 02914 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.01

Part 2:

Additional Page

		Amount of claim
3.421	Nonpriority creditor's name and mailing address MOONWALK BIOSCIENCE MOONWALK BIOSCIENCE 2 TOWER PL, FL 17 MOONWALK BIOSCIENCE FLOOR 17 SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,005.01
3.422	Nonpriority creditor's name and mailing address MORROW-MEADOWS CORPORATION ATTN: CATHLEEN VICK, CEO 231 BENTON CT WALNUT, CA 91789 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$36,685.00
3.423	Nonpriority creditor's name and mailing address MOTION GROUP, LLC 5577 E PERRIN RD CLOVIS, CA 93619 Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,791.14
3.424	Nonpriority creditor's name and mailing address MRC HARWELL INSTITUTE TRINITY LN CAMBRIDGE OX11 0RD UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$61.00
3.425	Nonpriority creditor's name and mailing address MURRAY PLUMBING AND HEATING CORPORATION 18414 S. SANTA FE AVE. RANCHO DOMINGUEZ, CA 90221 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$11,546.00

Part 2: Additional Page

		Amount of claim
3.426	Nonpriority creditor's name and mailing address NANOVAION THERAPEUTICS RUTHERFORD APPLETON LABORATORIES HARWELL RESEARCH COMPLEX AT HARWELL, DIDCOT OXFORD OXFORDSHIRE OX11 0FA UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$740.00
3.427	Nonpriority creditor's name and mailing address NANTBIOSCIENCE 9920 JEFFERSON BLVD CULVER CITY, CA 90230 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$843.12
3.428	Nonpriority creditor's name and mailing address NATIONAL CANCER INSTITUTE 37 CONVENT DRIVE, BLDG 37, RM 2144 BETHESDA, MD 20892 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$35,650.62
3.429	Nonpriority creditor's name and mailing address NATIONAL CANCER INSTITUTE 37 CONVENT DRIVE, BLDG 37, RM 2144 BETHESDA, MD 20892 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$12,800.00
3.430	Nonpriority creditor's name and mailing address NATIONAL INSTITUTE OF HEALTH 25 WEST 4TH STREET NEW YORK, NY 10012 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,753.50

Part 2:

Additional Page

		Amount of claim
3.431	Nonpriority creditor's name and mailing address NATIONAL INSTITUTE ON DRUG ABUSE, NIH 251 BAYVIEW BOULEVARD. BALTIMORE, MD 21224 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$45.00
3.432	Nonpriority creditor's name and mailing address NATIONAL JEWISH HEALTH 1400 JACKSON STREET M221 DENVER, CO 80206 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$27.86
3.433	Nonpriority creditor's name and mailing address NATIONAL JEWISH HEALTH 1400 JACKSON STREET M221 DENVER, CO 80206 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.04
3.434	Nonpriority creditor's name and mailing address NATIONAL LABORATORY ANIMAL CENTER- NLAC BUILDING G, NO. 111, LANE 130 SECTION 1 ACADEMIA ROAD NANGANG DISTRICT, TAIPEI RUSIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$12.00
3.435	Nonpriority creditor's name and mailing address NATIONAL RESEARCH COUNCIL OF CANADA 1200 MONTREAL ROAD OTTAWA, ON K1A 0R6 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,450.00

Part 2:

Additional Page

			Amount of claim
3.436	Nonpriority creditor's name and mailing address NATIONAL UNIVERSITY OF SINGAPORE 21 LOWER KENT RIDGE ROAD SINGAPORE 119077 SINGAPORE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,901.00
3.437	Nonpriority creditor's name and mailing address NATIONWIDE CHILDRENS HOSPITAL PO BOX 7198 COLUMBUS, OH 43205 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,852.26
3.438	Nonpriority creditor's name and mailing address NBE-THERAPEUTICS TECHNOLOGY PARK BASEL HOCHBERGERSTRASSE 60C BASEL 4057 SWITZERLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,850.00
3.439	Nonpriority creditor's name and mailing address NCI/NIH BETHESDA CAMPUS 9000 ROCKVILLE PIKE BETHESDA, MD 20892 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,338.16
3.440	Nonpriority creditor's name and mailing address NEOGENE THERAPEUTICS, INC. 2225 COLORADO AVE SANTA MONICA, CA 90404 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$109,346.66

Part 2:

Additional Page

			Amount of claim
3.441	Nonpriority creditor's name and mailing address NEOGENE THERAPEUTICS, INC. 2225 COLORADO AVE SANTA MONICA, CA 90404 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,280.13
3.442	Nonpriority creditor's name and mailing address NEOMORPH INC 5590 MOREHOUSE DR SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00
3.443	Nonpriority creditor's name and mailing address NEUROGENE 535 W 24TH ST. NEW YORK, NY 10011 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$961.88
3.444	Nonpriority creditor's name and mailing address NEW ENGLAND BIOLABS PO BOX 3933 BOSTON, MA 02241-3933 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$363.00
3.445	Nonpriority creditor's name and mailing address NEW PIG CORP ONE PORK AVENUE TIPTON, PA 16684 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.90

Part 2:

Additional Page

			Amount of claim
3.446	Nonpriority creditor's name and mailing address NEWCELLS BIOTECH THE BIOSPHERE DRAYMAN HELIX SOUTH ST NEWCASTLE UPON TYNE NE4 5BX UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,859.00
3.447	Nonpriority creditor's name and mailing address NHLBI/NIH 10 CENTER DRIVE BLDG 10 RM 9N112 BETHESDA, MD 20892 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$242.00
3.448	Nonpriority creditor's name and mailing address NIAID/NIH 10 CENTER DR, BLDG 10, RM 6N317 BETHESDA, MD 20892 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,314.80
3.449	Nonpriority creditor's name and mailing address NIDDK/NIH 9000 ROCKVILLE PIKE BETHESDA, MD 20892 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
3.450	Nonpriority creditor's name and mailing address NIEHS/NIH 530 DAVIS DRIVE NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES OFF. OF ACQUISITION DURHAM, NC 27713 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.36

Part 2:

Additional Page

		Amount of claim
3.451	Nonpriority creditor's name and mailing address NINDS/NIH 35 CONVENT DR BG 35A RM GF352 PO REFERENCE :23-011433 BETHESDA, MD 20892 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$27,060.57
3.452	Nonpriority creditor's name and mailing address NINDS/NIH/NGB 6701 ROCKLEDGE DRIVE 3RD FLOOR BETHESDA, MD 20892-7784 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$399.00
3.453	Nonpriority creditor's name and mailing address NIST 100 BUREAU DRIVE GAITHERSBURG, MD 20850 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,247.98
3.454	Nonpriority creditor's name and mailing address NOR-CAL MOVING SERVICE 3527 ARDEN ROAD HAYWARD, CA 94545 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,040.02
3.455	Nonpriority creditor's name and mailing address NORTH CAROLINA STATE UNIVERSITY 112 DERIEUX PL 1566 THOMAS HALL RALEIGH, NC 27695 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,400.00

Part 2:

Additional Page

			Amount of claim
3.456	Nonpriority creditor's name and mailing address NORTH CAROLINA STATE UNIVERSITY 112 DERIEUX PL 1566 THOMAS HALL RALEIGH, NC 27695 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.10
3.457	Nonpriority creditor's name and mailing address NORTHWESTERN UNIVERSITY 1800 SHERMAN AVENUE EVANSTON, IL 60640 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,658.00
3.458	Nonpriority creditor's name and mailing address NORTHWESTERN UNIVERSITY 1800 SHERMAN AVENUE EVANSTON, IL 60640 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,076.05
3.459	Nonpriority creditor's name and mailing address NOVO NORDISK NOVO ALLE BAGSVAERD, DK 02880 DENMARK Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,370.01
3.460	Nonpriority creditor's name and mailing address NOVO NORDISK PO BOX 1000 NOVO ALLE 1 BAGSVAERD 2880 DENMARK Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.54

Part 2:

Additional Page

			Amount of claim
3.461	Nonpriority creditor's name and mailing address NOVORON BIOSCIENCE 1155 ISLAND AVE SUITE 100 SAN DIEGO, CA 92101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,921.25
3.462	Nonpriority creditor's name and mailing address NURIX, INC. 455 MISSION BAY BOULEVARD SOUTH 4TH FLOOR SAN FRANCISCO, CA 94158 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.30
3.463	Nonpriority creditor's name and mailing address NUVISAN ICB GMBH WEGENERSTRASSE 13 NEU-ULM 89231 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.464	Nonpriority creditor's name and mailing address NYU MEDICAL CENTER 40 SUNSHINE COTTAGE RD ADMINISTRATION BUILDING VALHALLA, NY 10595 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.50
3.465	Nonpriority creditor's name and mailing address ODYSSEY THERAPEUTICS 4242 CAMPUS POINT COURT 6TH FLOOR SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.00

Part 2:

Additional Page

			Amount of claim
3.466	Nonpriority creditor's name and mailing address OFF DUTY OFFICERS INC. 2365 LA MIRADA DRIVE VISTA, CA 92081 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,032.34
3.467	Nonpriority creditor's name and mailing address OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NORTHEAST 13TH STREET OKLAHOMA CITY, OK 73104 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,889.50
3.468	Nonpriority creditor's name and mailing address OMNISIGHT INC. 2318 GRAYS FERRY AVE APT. 1 PHILADELPHIA, PA 19146 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.00
3.469	Nonpriority creditor's name and mailing address ONK THERAPEUTICS UNIT 6 DANGAN HEIGHTS GALWAY BUSINESS PARK, GALWAY H91 W7CP IRELAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.88
3.470	Nonpriority creditor's name and mailing address OREGON HEALTH & SCIENCE UNIVERSITY PO BOX 572 PORTLAND, OR 97207 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,193.05

Part 2: Additional Page

		Amount of claim
3.471	Nonpriority creditor's name and mailing address OREGON HEALTH & SCIENCE UNIVERSITY PO BOX 572 PORTLAND, OR 97207 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$2,778.29 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.472	Nonpriority creditor's name and mailing address ORIC PHARMACEUTICALS, INC. 240 E. GRAND AVE 2ND FLOOR SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$9,600.00 <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.473	Nonpriority creditor's name and mailing address ORTHO BIO THERAPEUTICS ROBINSON WAY CAMBRIDGE CB2 0RE UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$968.25 <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.474	Nonpriority creditor's name and mailing address OSLO UNIVERSITY HOSPITAL REGNSKAP, SEKSJON KOSTNADER POSTBOKS 4950 NYDALEN 424 NORWAY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$27,929.00 <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.475	Nonpriority creditor's name and mailing address OSLO UNIVERSITY HOSPITAL REGNSKAP, SEKSJON KOSTNADER POSTBOKS 4950 NYDALEN 424 NORWAY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$2,105.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2:

Additional Page

		Amount of claim
3.476	Nonpriority creditor's name and mailing address OSLO UNIVERSITY HOSPITAL REGNSKAP, SEKSJON KOSTNADER POSTBOKS 4950 NYDALEN 424 NORWAY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,067.00
3.477	Nonpriority creditor's name and mailing address OXFORD BIOTHERAPEUTICS 5941 OPTICAL COURT SAN JOSE, CA 95138 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,249.00
3.478	Nonpriority creditor's name and mailing address PAIRWISE PLANTS SERVICES INC. 807 EAST MAIN STREET STE 4-100 DURHAM, NC 27701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$218.60
3.479	Nonpriority creditor's name and mailing address PANGEA INC. GUSTAVE-ADOR 20, 1207 GENEVE SWITZERLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$48,954.11
3.480	Nonpriority creditor's name and mailing address PAPERBOX INC 1025 SHERMAN OAKS DR. SAN JOSE, CA 95128 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$859.00

Part 2:

Additional Page

			Amount of claim
3.481	Nonpriority creditor's name and mailing address PATSNAP 3RD FLOOR BLDG 11 CHISWICK BUSINESS PARK 566 CHISWICK HIGH RD LONDON 5YS UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,850.00
3.482	Nonpriority creditor's name and mailing address PCOF EQ AIV III, LP 51 ASTOR PLACE, 10TH FLOOR NEW YORK, NY 10003 Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135,742.48
3.483	Nonpriority creditor's name and mailing address PEARL PATHWAYS 29 E MCCARTY STREET SUITE 100 INDIANAPOLIS, IN 46225 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,352.50
3.484	Nonpriority creditor's name and mailing address PENN STATE COLLEGE OF MEDICINE 201 OLD MILL ROAD STATE COLLEGE, PA 16802 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,393.00
3.485	Nonpriority creditor's name and mailing address PENN STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.32

Part 2:

Additional Page

			Amount of claim
3.486	Nonpriority creditor's name and mailing address PENN STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.36
3.487	Nonpriority creditor's name and mailing address PENSKE TRUCK LEASING CO. L.P. 2675 MORGANTOWN ROAD PO BOX 1321 READING, PA 19603-1321 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,272.65
3.488	Nonpriority creditor's name and mailing address PERCEPTIVE CREDIT HOLDINGS III, LP 51 ASTOR PLACE, 10TH FLOOR NEW YORK, NY 10003 Date or dates debt was incurred 3/20/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NON-CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000,000.00
3.489	Nonpriority creditor's name and mailing address PERCEPTIVE CREDIT HOLDINGS III, LP 51 ASTOR PLACE, 10TH FLOOR NEW YORK, NY 10003 Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222,511.37
3.490	Nonpriority creditor's name and mailing address PFIZER SEND INVOICES TO: APINVOICESPFIZER.COM BARTLETT, TN 38184-0600 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,180.00

Part 2:

Additional Page

		Amount of claim
3.491	Nonpriority creditor's name and mailing address PFIZER SEND INVOICES TO: APINVOICESPFIZER.COM BARTLETT, TN 38184-0600 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$935.69
3.492	Nonpriority creditor's name and mailing address PFIZER INC (SEATTLE GENETICS) 21823 30TH DRIVE SOUTHEAST BOTHELL, WA 98021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$14,744.85
3.493	Nonpriority creditor's name and mailing address PHARMACYCLICS P.O. BOX 210075 DALLAS, TX 75211 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4.05
3.494	Nonpriority creditor's name and mailing address PINGBOARD INC. PO BOX 734524 DALLAS, TX 75373-4524 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,075.20
3.495	Nonpriority creditor's name and mailing address PIPETTE.COM 9477 WAPLES ST SUITE 120 SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,944.00

Part 2: Additional Page

		Amount of claim
3.496	Nonpriority creditor's name and mailing address PIXELBIOTECH GMBH WALDHOFER STR. 104 69123 HEIDELBERG, GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$130.00
3.497	Nonpriority creditor's name and mailing address POLYMER PLASTICS CORPORATION 550 MALLORY WAY CARSON CITY, NV 89701 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$311.21
3.498	Nonpriority creditor's name and mailing address POSEIDA THERAPEUTICS, INC 9390 TOWNE CENTRE DR 200 SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$71.63
3.499	Nonpriority creditor's name and mailing address PRAXAIR 156 W HARRIS AVE SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,805.78
3.500	Nonpriority creditor's name and mailing address PRIME ANALYTICAL LABORATORIES, LLC 4055 NELSON AVE CONCORD, CA 94520 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,427.50

Part 2:

Additional Page

			Amount of claim
3.501	Nonpriority creditor's name and mailing address PRINCETON UNIVERSITY PRINCETON UNIVERSITY PRINCETON, NJ 08544 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00
3.502	Nonpriority creditor's name and mailing address PROLIFIC MACHINES 6400 HOLLIS ST EMERYVILLE, CA 94608 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,945.09
3.503	Nonpriority creditor's name and mailing address PROMETHEUS ENGINEERING INC. 481 LAFAYETTE CT MOUNTAIN HOUSE, CA 95391 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,500.00
3.504	Nonpriority creditor's name and mailing address PROOF DIAGNOSTICS, INC. (PINE TREE HEALTH) 700 MAIN STREET NORTH CAMBRIDGE, MA 2139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,672.75
3.505	Nonpriority creditor's name and mailing address PROPHARMA GROUP HOLDINGS, LLC 8717 W. 110TH STREET SUITE 300 OVERLAND PARK, KS 66210 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,675.12

Part 2:

Additional Page

			Amount of claim
3.506	Nonpriority creditor's name and mailing address PRS, LLC 250 WEST 55TH STREET, 26TH FLOOR NEW YORK, NY 10019 Date or dates debt was incurred 9/30/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NON-CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,735,129.40
3.507	Nonpriority creditor's name and mailing address PRS, LLC 250 WEST 55TH STREET, 26TH FLOOR NEW YORK, NY 10019 Date or dates debt was incurred 8/28/2023 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,503,835.62
3.508	Nonpriority creditor's name and mailing address PRUDENTIAL OVERALL SUPPLY 2485 ASH STREET VISTA, CA 92081 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,563.28
3.509	Nonpriority creditor's name and mailing address PUBLIC HEALTH AGENCY OF CANADA 130 COLONNADE RD. AL 6S01H OTTAWA, ON K1A 0K9 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,500.00
3.510	Nonpriority creditor's name and mailing address Q-STATE BIOSCIENCES 150 CAMBRIDGE PARK DR CAMBRIDGE, MA 2140 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00

Part 2:

Additional Page

			Amount of claim
3.511	Nonpriority creditor's name and mailing address QUARTZY, INC. PO BOX 123895 DEPT 3895 DALLAS, TX 75312-3895 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,901.86
3.512	Nonpriority creditor's name and mailing address QUENCH USA, INC. PO BOX 735777 DALLAS, TX 75373-5777 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$859.36
3.513	Nonpriority creditor's name and mailing address QUINNIPAC UNIVERSITY 275 MOUNT CARMEL AVENUE HAMDEN, CT 06518 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$589.00
3.514	Nonpriority creditor's name and mailing address QUINONEZ CONSTRUCTION 535 E MERLE CT SAN LEANDRO, CA 94577 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,312.50
3.515	Nonpriority creditor's name and mailing address QUOTIENT THERAPEUTICS INC 55 CAMBRIDGE PARKWAY SUITE 800E CAMBRIDGE, MA 2142 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.19

Part 2:

Additional Page

			Amount of claim
3.516	Nonpriority creditor's name and mailing address R & S ERECTION NORTH PENINSULA, INC. 133 SOUTH LINDEN AVENUE SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,279.61
3.517	Nonpriority creditor's name and mailing address RANOK THERAPEUTICS (HANGZHOU) CO. LTD. FLOOR 4, BUILDING 16 HEXIANG SCIENCE AND TECHNOLOGY CENTER QIANTANG DISTRICT HANGZHOU 310020 CHINA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,543.75
3.518	Nonpriority creditor's name and mailing address RAPID AXIS, LLC 1482 ODDSTAD DRIVE REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$542.24
3.519	Nonpriority creditor's name and mailing address RAREBASE 2261 MARKET STREET 4759 SAN FRANCISCO, CA 94114 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,700.00
3.520	Nonpriority creditor's name and mailing address RBC VAT CONSULTANTS 55 PEACH STREET WOKINGHAM BERKSHIRE, ENGLAND RG40 1XP UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,210.74

Part 2:

Additional Page

			Amount of claim
3.521	Nonpriority creditor's name and mailing address RBNC THERAPEUTICS 490 ARSENAL WAY SUITE 200 WATERTOWN, MA 02472 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
3.522	Nonpriority creditor's name and mailing address RECODE THERAPEUTICS, INC 1455 ADAMS DRIVE STE 1120 MENLO PARK, CA 94025 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.85
3.523	Nonpriority creditor's name and mailing address RECOMBINETICS 1246 UNIVERSITY AVENUE WEST SAINT PAUL, MN 55104 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$167.32
3.524	Nonpriority creditor's name and mailing address REGENERON PHARMACEUTICALS 2261 MARKET STREET 4759 SAN FRANCISCO, CA 94114 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,436.00
3.525	Nonpriority creditor's name and mailing address REGULUS THERAPEUTICS 4224 CAMPUS POINT CT SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00

Part 2: Additional Page

		Amount of claim
3.526	Nonpriority creditor's name and mailing address REJUVERON LIFE SCIENCES AG 18 WAGISTRASSE SCHLIEREN 8952 SWITZERLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$100.00
3.527	Nonpriority creditor's name and mailing address RELIABLE FIRE EXTINGUISHER SALES & SERVICE, INC. PO BOX 3461 REDWOOD CITY, CA 94064 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,330.00
3.528	Nonpriority creditor's name and mailing address REPAIRE THERAPEUTICS 7210 FREDERICK-BANTING, SUITE 100 ST-LAURENT, QC H4S 2A1 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$92.00
3.529	Nonpriority creditor's name and mailing address REPLAY HOLDINGS LLC 5555 OBERLIN DRIVE SUITE 120 SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$750.00
3.530	Nonpriority creditor's name and mailing address REPROCELL USA, INC. 9000 VIRGINIA MANOR RD SUITE 207 BELTSVILLE, MD 20705 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ROYALTIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$325,660.08

Part 2:

Additional Page

		Amount of claim
3.531	Nonpriority creditor's name and mailing address RESEARCH FOUNDATION OF SUNY 35 STATE ST ALBANY, NY 12207 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,325.00
3.532	Nonpriority creditor's name and mailing address RESEARCHGATE GMBH INVALIDENSTRASSE 115 BERLIN 10115 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$24,307.08
3.533	Nonpriority creditor's name and mailing address RESTEK CORPORATION 110 BENNER CIRCLE BELLEFONTE, PA 16823 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$261.00
3.534	Nonpriority creditor's name and mailing address REVELATION HEALTHCARE FUND II, L.P. 255 CALIFORNIA STREET, 12TH FLOOR SAN FRANCISCO, CA 94111 Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,856.08
3.535	Nonpriority creditor's name and mailing address REVOLUTION MEDICINES 700 SAGINAW DRIVE REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$13,873.77

Part 2:

Additional Page

		Amount of claim
3.536	Nonpriority creditor's name and mailing address RFI COMMUNICATIONS SECURITY SYSTEMS PO BOX 8487 PASADENA, CA 91109 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$420.00
3.537	Nonpriority creditor's name and mailing address RHEINCELL THERAPEUTICS GMBH BERGHAUSENER STRASSE 98 40764 LANGENFELD RHEINLAND GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,555.00
3.538	Nonpriority creditor's name and mailing address RIDGELINE DISCOVERY GMBH AESCHENVORSTADT 36 SWISS CUSTOMS NUMBER/ZAZ: 18404-5 BASEL 4051 SWITZERLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$57,438.09
3.539	Nonpriority creditor's name and mailing address RIDGELINE THERAPEUTICS 2450 HOLCOMBE BLVD SUITE J HOUSTON, TX 77021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$18,150.00
3.540	Nonpriority creditor's name and mailing address RNA SPV LLC 411 NE 2ND AVE HALLANDALE, FL 33009-4215 Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$53,737.83

Part 2:

Additional Page

		Amount of claim
3.541	Nonpriority creditor's name and mailing address ROBERTS, REBECCA 35 AGNES PLACE, BLI BLI SUNSHINE COAST, QLD 04560 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$10,068.25
3.542	Nonpriority creditor's name and mailing address ROCHE DIAGNOSTICS GMBH SANDHOFER STR. 116 RECHNUNGSPRUFUNG MANNHEIM 68305 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$16.50
3.543	Nonpriority creditor's name and mailing address ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$371.50
3.544	Nonpriority creditor's name and mailing address ROCKET LAWYER INC. 2261 MARKET ST. #10647 SAN FRANCISCO, CA 94114 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,490.00
3.545	Nonpriority creditor's name and mailing address RODRIGUEZ WRIGHT LLP 1390 NORTH MCDOWELL BOULEVARD SUITE G, 324 PETALUMA, CA 94954 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$360.00

Part 2:

Additional Page

		Amount of claim
3.546	Nonpriority creditor's name and mailing address ROOTPATH 65 GROVE STREET SUITE 203 WATERTOWN, MA 20472 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,035.68
3.547	Nonpriority creditor's name and mailing address RUTGERS UNIVERSITY 57 U.S. 1 NEW BRUNSWICK, NJ 08854 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$165.00
3.548	Nonpriority creditor's name and mailing address RUTGERS UNIVERSITY 57 U.S. 1 NEW BRUNSWICK, NJ 08854 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$72.00
3.549	Nonpriority creditor's name and mailing address SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA, CA 92037 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$521.59
3.550	Nonpriority creditor's name and mailing address SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA, CA 92037 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4.27

Part 2:

Additional Page

			Amount of claim
3.551	Nonpriority creditor's name and mailing address SANA BIOTECHNOLOGY 1 TOWER PLACE SUITE 500 SOUTH SAN FRANCISCO, CA 98258 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,281.33
3.552	Nonpriority creditor's name and mailing address SANA BIOTECHNOLOGY 1 TOWER PLACE SUITE 500 SOUTH SAN FRANCISCO, CA 98258 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,086.42
3.553	Nonpriority creditor's name and mailing address SANA BIOTECHNOLOGY, INC. 188 EAST BLAINE STREET SUITE 400 SEATTLE, WA 98102 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,456.53
3.554	Nonpriority creditor's name and mailing address SANA BIOTECHNOLOGY, INC. 188 EAST BLAINE STREET SUITE 400 SEATTLE, WA 98102 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.61
3.555	Nonpriority creditor's name and mailing address SANDIA NATIONAL LABORATORIES 1515 EUBANK BOULEVARD SOUTHEAST LIVERMORE, CA 94551 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.70

Part 2:

Additional Page

		Amount of claim
3.556	Nonpriority creditor's name and mailing address SANDIA NATIONAL LABORATORIES 1515 EUBANK BOULEVARD SOUTHEAST LIVERMORE, CA 94551 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$165.11
3.557	Nonpriority creditor's name and mailing address SANFORD BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE 10901 NORTH TORREY PINES ROAD LA JOLLA, CA 92037 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$529.22
3.558	Nonpriority creditor's name and mailing address SCIENCE EXCHANGE 555 BRYANT STREET PALO ALTO, CA 94301-1704 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$48,669.46
3.559	Nonpriority creditor's name and mailing address SCIENCE EXCHANGE 555 BRYANT STREET PALO ALTO, CA 94301-1704 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$12,375.56
3.560	Nonpriority creditor's name and mailing address SCIENCE EXCHANGE 555 BRYANT STREET PALO ALTO, CA 94301-1704 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$7,225.00

Part 2:

Additional Page

		Amount of claim
3.561	Nonpriority creditor's name and mailing address SCRATCHPAD PO BOX 208095 DALLAS, TX 75320-8095 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,744.00
3.562	Nonpriority creditor's name and mailing address SCRIBE THERAPEUTICS 1150 MARINA VILLAGE PKWY ALAMEDA, CA 94501 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,201.64
3.563	Nonpriority creditor's name and mailing address SCRIPPS RESEARCH 526 CAMINO DEL MAR DEL MAR, CA 92014 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$322.75
3.564	Nonpriority creditor's name and mailing address SEAGEN, INC 21823 30TH DRIVE SOUTHEAST BOTHELL, WA 98021 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5.15
3.565	Nonpriority creditor's name and mailing address SEAMLESS THERAPEUTICS GMBH TATZBERG 47/49 DRESDEN 1307 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$74,480.00

Part 2:

Additional Page

			Amount of claim
3.566	Nonpriority creditor's name and mailing address SEATTLE CHILDRENS 4800 SAND POINT WAY NORTHEAST SEATTLE, WA 98101-1425 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$665.98
3.567	Nonpriority creditor's name and mailing address SEATTLE CHILDREN'S 4800 SAND POINT WAY NORTHEAST SEATTLE, WA 98101-1425 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.00
3.568	Nonpriority creditor's name and mailing address SHI PO BOX 952121 DALLAS, TX 75395-2121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,830.15
3.569	Nonpriority creditor's name and mailing address SHORELINE BIOSCIENCES, INC. 11408 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,050.18
3.570	Nonpriority creditor's name and mailing address SIFTED 659 AUBURN AVE NE SUITE 157 ATLANTA, GA 30312 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,701.76

Part 2: Additional Page

			Amount of claim
3.571	Nonpriority creditor's name and mailing address SIGMA-ALDRICH, INC. 3050 SPRUCE STREET ST. LOUIS, MO 63103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224,386.85
3.572	Nonpriority creditor's name and mailing address SILICON THERAPEUTICS 451 D STREET · SUITE 205 BOSTON, MA 02210 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$212.51
3.573	Nonpriority creditor's name and mailing address SILICON THERAPEUTICS 451 D STREET · SUITE 205 BOSTON, MA 02210 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9.37
3.574	Nonpriority creditor's name and mailing address SKYHAWK THERAPEUTICS 180 3RD AVE WALTHAM, MA 02451-7586 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,171.88
3.575	Nonpriority creditor's name and mailing address SNO BIO, INC. 10210 CAMPUS POINT DRIVE SUITE 150 SAN DIEGO, CA 92121 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.91

Part 2:

Additional Page

			Amount of claim
3.576	Nonpriority creditor's name and mailing address SOLID BIOSCIENCES 500 RUTHERFORD AVE 3RD FLOOR CHARLESTOWN, MA 2129 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,190.63
3.577	Nonpriority creditor's name and mailing address SONOMA BIOTHERAPEUTICS 400 EAST JAMIE COURT SOUTH SAN FRANCISCO, CA 98119 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,723.00
3.578	Nonpriority creditor's name and mailing address SPRINT E-LOGISTICS LTD MORLEY COURT UNIT1 MORLEY WAY PETERBOROUGH, PE2 7BW UNITED KINGDON Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,716.20
3.579	Nonpriority creditor's name and mailing address ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PLACE FINANCIAL SERVICES MAIL STOP 509 MEMPHIS, TN 38105-3678 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119,240.47
3.580	Nonpriority creditor's name and mailing address STANFORD BMI BUILDING 240 PASTEUR DRIVE RM 1300 PALO ALTO, CA 94304 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.81

Part 2:

Additional Page

			Amount of claim
3.581	Nonpriority creditor's name and mailing address STANFORD UNIVERSITY 1291 WELCH RD CCSR 1120 STANFORD, CA 94305 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,136.15
3.582	Nonpriority creditor's name and mailing address STANFORD UNIVERSITY 1291 WELCH RD CCSR 1120 STANFORD, CA 94305 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.82
3.583	Nonpriority creditor's name and mailing address STELLAR SCIENTIFIC 2833 SMITH AVE. BOX 256 BALTIMORE, MD 21209 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,306.00
3.584	Nonpriority creditor's name and mailing address STERIS INC 5960 HEISLEY ROAD MENTOR, OH 44060 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,328.36
3.585	Nonpriority creditor's name and mailing address STOWERS INSTITUTE 1000 EAST 50TH STREET KANSAS CITY, MO 64108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00

Part 2:

Additional Page

			Amount of claim
3.586	Nonpriority creditor's name and mailing address STRAND THERAPEUTICS INC 20 OVERLAND ST SUITE A BOSTON, MA 2215 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,631.44
3.587	Nonpriority creditor's name and mailing address SU, KACEY 10154 JENNY LYNN WAY ELK GROVE, CA 95757-5967 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.78
3.588	Nonpriority creditor's name and mailing address SUNY AT STONY BROOK 118 NICOLLS ROAD STONY BROOK, NY 11790 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.00
3.589	Nonpriority creditor's name and mailing address SUPREME OPTIMIZATION, LLC (WIRE ONLY) 1607 AVENIDA JUAN PONCE DE LEON GM-06 COBIANS PLAZA SAN JUAN, PUERTO RICO 909 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,531.00
3.590	Nonpriority creditor's name and mailing address SWEDISH UNIVERSITY OF AGRICULTURAL SCIENCES BOX 7070 UPPSALA 75237 SWEDEN Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.00

Part 2:

Additional Page

			Amount of claim
3.591	Nonpriority creditor's name and mailing address SYNGENE INTERNATIONAL BIOCON SEZ, BIOCON PARK, PLOT NO. 2 & 3 BOMMASANDRA INDUSTRIAL AREA IV PHASE, JIGANI LINK ROAD BANGALORE, KARNATAKA 560099 INDIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.00
3.592	Nonpriority creditor's name and mailing address SYNTHEGO CORPORATION 3696 HAVEN AVE SUITE A REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,200.97
3.593	Nonpriority creditor's name and mailing address SYNTHEGO CORPORATION 3696 HAVEN AVE SUITE A REDWOOD CITY, CA 94063 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
3.594	Nonpriority creditor's name and mailing address TAKEDA 95 HAYDEN AVENUE LEXINGTON, MA 02421 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137.18
3.595	Nonpriority creditor's name and mailing address TAKEDA 95 HAYDEN AVENUE LEXINGTON, MA 02421 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,703.71

Part 2:

Additional Page

		Amount of claim
3.596	Nonpriority creditor's name and mailing address TAMPERE UNIVERSITY TAMPERE UNIVERSITY KALEVANTIE 4 TAMPERE 33100 FINLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$20.00
3.597	Nonpriority creditor's name and mailing address TANG, DONALD ADDRESS REDACTED Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$16,864.54
3.598	Nonpriority creditor's name and mailing address TCR2 THERAPEUTICS 100 BINNEY STREET SUITE 710 CAMBRIDGE, MA 02142 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$21.56
3.599	Nonpriority creditor's name and mailing address TECHNISCHE UNIVERSITAET DRESDEN HELMHOLTZSTR. 10 DRESDEN 01069 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,274.07
3.600	Nonpriority creditor's name and mailing address TECHNISCHE UNIVERSITAET DRESDEN HELMHOLTZSTR. 10 DRESDEN 01069 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$272.00

Part 2:

Additional Page

			Amount of claim
3.601	Nonpriority creditor's name and mailing address TECHNISCHE UNIVERSITAET MUNCHEN TROGERSTRASSE 30 MUNICH, BAYERN 81675 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.00
3.602	Nonpriority creditor's name and mailing address TECHNOLOGY NETWORKS LTD WOODVIEW BULL LANE INDUSTRIAL ESTATE SUDBURY, CO10 0FD UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,750.00
3.603	Nonpriority creditor's name and mailing address TELEPATH CORPORATION 48810 KATO ROAD SUITE 300E FREMONT, CA 94538 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,640.00
3.604	Nonpriority creditor's name and mailing address TELEPATH DATA 2017 N DINWIDDIE STREET ARLINGTON, VA 22207 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,870.40
3.605	Nonpriority creditor's name and mailing address TEMPEST THERAPEUTICS 110 MILLER AVENUE BERKELEY, MI 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00

Part 2:

Additional Page

			Amount of claim
3.606	Nonpriority creditor's name and mailing address TEMPLE UNIVERSITY 1852 N. 10TH STREET (083-11) PHILADELPHIA, PA 19140 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,136.00
3.607	Nonpriority creditor's name and mailing address TEMPLE UNIVERSITY 1852 N. 10TH STREET (083-11) PHILADELPHIA, PA 19140 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$411.00
3.608	Nonpriority creditor's name and mailing address TEXAS A&M 750 AGRONOMY ROAD SUITE 3101 COLLEGE STATION, TX 77843-6000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$483.08
3.609	Nonpriority creditor's name and mailing address TEXAS A&M 750 AGRONOMY ROAD SUITE 3101 COLLEGE STATION, TX 77843-6000 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$322.21
3.610	Nonpriority creditor's name and mailing address THE ARTIC UNIVERSITY OF NORWAY FAKTURAMOTTAK DFO POSTBOKS 4710 TORGARDEN TRONDHEIM 7468 NORWAY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00

Part 2:

Additional Page

			Amount of claim
3.611	Nonpriority creditor's name and mailing address THE ASSAY DEPOT, INC. (SCIENTIST.COM) 505 LOMAS SANTA FE DRIVE SUITE 110 SOLANA BEACH, CA 92075 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,503.00
3.612	Nonpriority creditor's name and mailing address THE BREAST CANCER RESEARCH FOUNDATION, INC. 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,825.00
3.613	Nonpriority creditor's name and mailing address THE CYRIAC AND ANGEL ROEDING FAMILY TRUST 2014 ADDRESS REDACTED Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,350.16
3.614	Nonpriority creditor's name and mailing address THE HOSPITAL FOR SICK CHILDREN PGCRL 686 BAY STREET, RM. 19.920KK TORONTO, ON M5G 0A4 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$907.00
3.615	Nonpriority creditor's name and mailing address THE INSTITUTE OF CANCER RESEARCH 123 OLD BROMPTON ROAD LONDON SW7 3RP UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$544.75

Part 2:

Additional Page

			Amount of claim
3.616	Nonpriority creditor's name and mailing address THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 06103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,306.70
3.617	Nonpriority creditor's name and mailing address THE LADY DAVIS INSTITUTE FOR MEDICAL RESEARCH 3755 CHEM. DE LA CÔTE-SAINTÉ-CATHERINE MONTRÉAL, QC H3T 10 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,820.00
3.618	Nonpriority creditor's name and mailing address THE ODIN 1905 KRAMER LN SUITE B850 LOS ANGELES PROJECT AUSTIN, TX 78758 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,821.46
3.619	Nonpriority creditor's name and mailing address THE ROSLIN INSTITUTE OLD COLLEGE, SOUTH BRIDGE EDINBURGH EH8 9YL UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00
3.620	Nonpriority creditor's name and mailing address THE SCRIPPS RESEARCH INSTITUTE PO BOX 2850 LA JOLLA, CA 92037 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,718.76

Part 2:

Additional Page

		Amount of claim
3.621	Nonpriority creditor's name and mailing address THE SCRIPPS RESEARCH INSTITUTE PO BOX 2850 LA JOLLA, CA 92037 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,731.20
3.622	Nonpriority creditor's name and mailing address THE UNIVERSITY OF MANCHESTER THE UNIVERSITY OF MANCHESTER MANCHESTER M13 9PL UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$671.00
3.623	Nonpriority creditor's name and mailing address THE UNIVERSITY OF MANCHESTER THE UNIVERSITY OF MANCHESTER MANCHESTER M13 9PL UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$97.00
3.624	Nonpriority creditor's name and mailing address THE UNIVERSITY OF NEW SOUTH WALES HIGH ST KENSINGTON, NSW 02033 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$172.00
3.625	Nonpriority creditor's name and mailing address THERMO FISHER SCIENTIFIC 5791 VAN ALLEN WAY CARLSBAD, CA 92008 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$18,224.35

Part 2:

Additional Page

		Amount of claim
3.626	Nonpriority creditor's name and mailing address THERMO FISHER SCIENTIFIC 5791 VAN ALLEN WAY CARLSBAD, CA 92008 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$326.27
3.627	Nonpriority creditor's name and mailing address THERMO FISHER SCIENTIFIC (MILWAUKEE) LLC 13762 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$38,860.81
3.628	Nonpriority creditor's name and mailing address THOMAS JEFFERSON UNIVERSITY 833 CHESTNUT ST PHILADELPHIA, PA 19107 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$30,602.70
3.629	Nonpriority creditor's name and mailing address THOMAS SCIENTIFIC 1654 HIGH HILL ROAD SWEDESBORO, NJ 8085 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$145,069.82
3.630	Nonpriority creditor's name and mailing address TRANSLATIONAL RESEARCH INSTITUTE 37 KENT STREET WOOLLOONGANBA BRISBANE, QLD 4102 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,990.00

Part 2: Additional Page

		Amount of claim
3.631	Nonpriority creditor's name and mailing address TRAVERE THERAPEUTICS INC 3611 VALLEY CENTRE DRIVE SUITE 300 SAN DIEGO, CA 92130 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,900.00
3.632	Nonpriority creditor's name and mailing address TREV BIO INC. 681 GATEWAY BLVD 4TH FLOOR SOUTH SAN FRANCISCO, CA 94080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$110.56
3.633	Nonpriority creditor's name and mailing address TRILLIUM THERAPEUTICS 2488 DUNWIN DRIVE MISSISSAUGA, ON L5L 1J9 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,048.44
3.634	Nonpriority creditor's name and mailing address TRUEBRIDGE DIRECT FUND L.P. 1011 SOUTH HAMILTON ROAD, SUITE 400 CHAPEL HILL, NC 27517 Date or dates debt was incurred 1/26/2024 Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$227,660.35
3.635	Nonpriority creditor's name and mailing address TRUSTED TECH TEAM 5171 CALIFORNIA AVENUE SUITE 250 IRVINE, CA 92617 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,612.70

Part 2:

Additional Page

		Amount of claim
3.636	Nonpriority creditor's name and mailing address U OF COLORADO ANSCHUTZ 12801 E 17TH AVE RM L18-6213 AURORA, CO 80045 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$63.89
3.637	Nonpriority creditor's name and mailing address UC BERKELEY 110 SPROUL HALL 1130 CHESTER SPRINGS, CA 94143 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$10,338.64
3.638	Nonpriority creditor's name and mailing address UC BERKELEY 110 SPROUL HALL 1130 CHESTER SPRINGS, CA 94143 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,272.46
3.639	Nonpriority creditor's name and mailing address UC DAVIS 2921 STOCKTON BLVD SACRAMENTO, CA 95616 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,832.96
3.640	Nonpriority creditor's name and mailing address UC DAVIS 2921 STOCKTON BLVD SACRAMENTO, CA 95616 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$579.07

Part 2:

Additional Page

			Amount of claim
3.641	Nonpriority creditor's name and mailing address UC DAVIS 2921 STOCKTON BLVD SACRAMENTO, CA 95616 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.36
3.642	Nonpriority creditor's name and mailing address UC DENVER 1201 LARIMER STREET DENVER, CO 80045 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.78
3.643	Nonpriority creditor's name and mailing address UC RIVERSIDE 900 UNIVERSITY AVENUE RIVERSIDE, CA 92521 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14.25
3.644	Nonpriority creditor's name and mailing address UC SAN DIEGO 9500 GILMAN DRIVE SAN DIEGO, CA 92122-6404 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,331.72
3.645	Nonpriority creditor's name and mailing address UC SAN DIEGO 9500 GILMAN DRIVE SAN DIEGO, CA 92122-6404 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$742.98

Part 2:

Additional Page

			Amount of claim
3.646	Nonpriority creditor's name and mailing address UC SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94158 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$67,997.83
3.647	Nonpriority creditor's name and mailing address UC SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94158 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,590.07
3.648	Nonpriority creditor's name and mailing address UC SANTA CRUZ 1156 HIGH ST SANTA CRUZ, CA 95060 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,020.59
3.649	Nonpriority creditor's name and mailing address UC SANTA CRUZ 1156 HIGH ST SANTA CRUZ, CA 95060 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$815.85
3.650	Nonpriority creditor's name and mailing address UCB BIOPHARMA ALLEE DE LA RECHERCHE-60 BRUXELLES 1070 BELGIUM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$778.00

Part 2: Additional Page

		Amount of claim
3.651	Nonpriority creditor's name and mailing address UCB BIOSCIENCES 60 ALLA-_E DE LA RECHERCHE ANDERLECHT, NC 1070 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,773.44
3.652	Nonpriority creditor's name and mailing address UCLA 405 HILGARD AVENUE LOS ANGELES, CA 90095 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$17,974.78
3.653	Nonpriority creditor's name and mailing address ULSTER UNIVERSITY UNIVERSITY OF ULSTER COLERAINE BT52 1SA UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$20.00
3.654	Nonpriority creditor's name and mailing address UMASS MEDICAL SCHOOL 55 LAKE AVE N WORCESTER, MA 01605 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,000.00
3.655	Nonpriority creditor's name and mailing address UMASS MEDICAL SCHOOL 55 LAKE AVE N WORCESTER, MA 01605 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$380.21

Part 2:

Additional Page

			Amount of claim
3.656	Nonpriority creditor's name and mailing address UMC UTRECHT 100 HEIDELBERGLAAN UTRECHT 3584CX NETHERLANDS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$807.00
3.657	Nonpriority creditor's name and mailing address UMC UTRECHT 100 HEIDELBERGLAAN UTRECHT 3584CX NETHERLANDS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.00
3.658	Nonpriority creditor's name and mailing address UNC AT CHAPEL HILL 116 MANNING DRIVE 5102 MARY ELLEN JONES BUILDING CHAPEL HILL, NC 27599 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151.54
3.659	Nonpriority creditor's name and mailing address UNC AT CHAPEL HILL 116 MANNING DRIVE 5102 MARY ELLEN JONES BUILDING CHAPEL HILL, NC 27599 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.60
3.660	Nonpriority creditor's name and mailing address UNIKLINIK OF FREIBURG-CENTER FOR TRANSLATIONAL CELL RESEARCH (ZTZ) 49 HUGSTETTER STRASSE FREIDBURG 79104 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00

Part 2:

Additional Page

		Amount of claim
3.661	Nonpriority creditor's name and mailing address UNIVAR USA INC 2256 JUNCTION AVE SAN JOSE, CA 95131 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$11,009.18 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.662	Nonpriority creditor's name and mailing address UNIVERSAL JANITORIAL 350 PIERCY ROAD SAN JOSE, CA 95138 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$22,254.86 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.663	Nonpriority creditor's name and mailing address UNIVERSAL PROTECTION SERVICE, LP 1551 NORTH TUSTIN AVENUE SUITE 650 SANTA ANA, CA 92705 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$126.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.664	Nonpriority creditor's name and mailing address UNIVERSIDAD DE GRANADA AVDA. DE LA ILUSTRACION 114 GRANADA ANDALUCIA 18016 SPAIN Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$198.00 <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.665	Nonpriority creditor's name and mailing address UNIVERSIDAD PABLO OLAVIDE CTRA. DE UTRERA 1 SEVILLA, 41013 SPAIN Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: \$59.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2:

Additional Page

		Amount of claim
3.666	Nonpriority creditor's name and mailing address UNIVERSITA' DEGLI STUDI DI NAPOLI FEDERICO VIA PANSINI 5 NAPLES, CAMPANIA 80131 ITALY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,324.00
3.667	Nonpriority creditor's name and mailing address UNIVERSITATKLINIKUM TUBINGEN ELISABETH-WINTERHALTER-WEG 17 FINANZBUCHHALTUNG & STEUERN MUNICH 81377 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,765.00
3.668	Nonpriority creditor's name and mailing address UNIVERSITATSKLINIKUM SCHLESWIG-HOLSTEIN MICHAELISSTRASSE 5 HOUSE U30, RM 250 KIEL 24105 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1.00
3.669	Nonpriority creditor's name and mailing address UNIVERSITATSKLINIKUM ULM ALBERT-EINSTEIN-ALLEE 11 ULM 89069 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$79.00
3.670	Nonpriority creditor's name and mailing address UNIVERSITATSKLINIKUM ULM ALBERT-EINSTEIN-ALLEE 11 ULM 89069 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6.50

Part 2:

Additional Page

			Amount of claim
3.671	Nonpriority creditor's name and mailing address UNIVERSITATSKLINIKUM WURZBURG VERSBACHER STR 5 WUERZBURG 97080 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
3.672	Nonpriority creditor's name and mailing address UNIVERSITE ANGERS 40 RUE DE RENNES 49035 ANGERS CEDEX 01 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.673	Nonpriority creditor's name and mailing address UNIVERSITE CLAUDE BERNARD LYON 1 HOCHSCHULSTRASSE 6 REF-18-911 BERN 3012 CH SWITZERLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$623.00
3.674	Nonpriority creditor's name and mailing address UNIVERSITE DE MONTREAL C.P. 6128 SUCCURSALE CENTRE-VILLE ACCOUNTS PAYABLE SECTOR MONTREAL, QC H3C 3J7 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,188.00
3.675	Nonpriority creditor's name and mailing address UNIVERSITE DE MONTREAL C.P. 6128 SUCCURSALE CENTRE-VILLE ACCOUNTS PAYABLE SECTOR MONTREAL, QC H3C 3J7 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$223.00

Part 2:

Additional Page

			Amount of claim
3.676	Nonpriority creditor's name and mailing address UNIVERSITE LIBRE DE BRUXELLES AV FD ROOSVELT 50 BRUXELLES 1050 BELGIUM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.00
3.677	Nonpriority creditor's name and mailing address UNIVERSITEIT TWENTE UNIVERSITY OF TWENTE PO BOX 217 AE ENSCHEDE, 7500 NETHERLANDS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$594.00
3.678	Nonpriority creditor's name and mailing address UNIVERSITY CLINICS TUEBINGEN BETTENBAU WEST EBENE 2 527 MEDIZINISCHE KLINIK 501 TUBINGEN 72076 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.00
3.679	Nonpriority creditor's name and mailing address UNIVERSITY COLLEGE LONDON 72 HUNTLEY STREET LONDON WC1E 6BT UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,178.75
3.680	Nonpriority creditor's name and mailing address UNIVERSITY FEDERICO II OF NAPLES VIA PANSINI 5 NAPLES, CAMPANIA 80131 ITALY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,067.00

Part 2:

Additional Page

			Amount of claim
3.681	Nonpriority creditor's name and mailing address UNIVERSITY HEALTH NETWORK 610 UNIVERSITY AVE TORONTO, ON M5G 2C4 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,063.00
3.682	Nonpriority creditor's name and mailing address UNIVERSITY HEALTH NETWORK 610 UNIVERSITY AVE TORONTO, ON M5G 2C4 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.00
3.683	Nonpriority creditor's name and mailing address UNIVERSITY HEIDELBERG IM NEUENHEIMER FELD 366 HEIDELBERG BADEN-WURTTENBERG 69120 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$843.75
3.684	Nonpriority creditor's name and mailing address UNIVERSITY HOSPITAL ERLANGEN MAXIMILIANSPLATZ 2 ERLANGEN 91052 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.00
3.685	Nonpriority creditor's name and mailing address UNIVERSITY HOSPITAL HALLE ERNST-GRUBE-STRASSE 40 HALLE 94043 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,800.90

Part 2:

Additional Page

			Amount of claim
3.686	Nonpriority creditor's name and mailing address UNIVERSITY HOSPITAL HEIDELBERG GRABENGASSE 1 HEIDELBERG 69117 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,275.00
3.687	Nonpriority creditor's name and mailing address UNIVERSITY HOSPITALS HEALTH SYSTEM PO BOX 201430 SHAKER HEIGHTS, OH 44120 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,650.00
3.688	Nonpriority creditor's name and mailing address UNIVERSITY MEDICAL CENTER OF MAINZ SAARSTR. 21 MAINZ 55122 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$454.00
3.689	Nonpriority creditor's name and mailing address UNIVERSITY OF ADELAIDE NORTH TERRACE ADELAIDE, SA 5005 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.00
3.690	Nonpriority creditor's name and mailing address UNIVERSITY OF ALABAMA AT BIRMINGHAM 417 20TH ST N BIRMINGHAM, AL 35203 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$983.00

Part 2:

Additional Page

			Amount of claim
3.691	Nonpriority creditor's name and mailing address UNIVERSITY OF ALABAMA AT BIRMINGHAM 417 20TH ST N BIRMINGHAM, AL 35203 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$596.60
3.692	Nonpriority creditor's name and mailing address UNIVERSITY OF ALABAMA AT BIRMINGHAM 417 20TH ST N BIRMINGHAM, AL 35203 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$539.00
3.693	Nonpriority creditor's name and mailing address UNIVERSITY OF ARIZONA 1200 EAST UNIVERSITY BOULEVARD TUCSON, AZ 85719 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$98.00
3.694	Nonpriority creditor's name and mailing address UNIVERSITY OF BRISTOL SENATE HOUSE BRISTOL BS8 1QU UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123.00
3.695	Nonpriority creditor's name and mailing address UNIVERSITY OF BRITISH COLUMBIA 2329 WEST MALL VANCOUVER, BC V6T 1Z4 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.63

Part 2:

Additional Page

		Amount of claim
3.696	Nonpriority creditor's name and mailing address UNIVERSITY OF CALGARY 180 PHYSICAL EDUCATION CALGARY, AB T2N 1N4 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$85.00
3.697	Nonpriority creditor's name and mailing address UNIVERSITY OF CALGARY 180 PHYSICAL EDUCATION CALGARY, AB T2N 1N4 CANADA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4.00
3.698	Nonpriority creditor's name and mailing address UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET SUITE 304 SAN FRANCISCO, CA 94103 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$875.29
3.699	Nonpriority creditor's name and mailing address UNIVERSITY OF CAMBRIDGE TRINITY LN CAMBRIDGE CB2 1TN UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,346.00
3.700	Nonpriority creditor's name and mailing address UNIVERSITY OF CAMBRIDGE TRINITY LN CAMBRIDGE CB2 1TN UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,694.99

Part 2:

Additional Page

			Amount of claim
3.701	Nonpriority creditor's name and mailing address UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,098.46
3.702	Nonpriority creditor's name and mailing address UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,779.00
3.703	Nonpriority creditor's name and mailing address UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.76
3.704	Nonpriority creditor's name and mailing address UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE CINCINNATI, OH 45229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.00
3.705	Nonpriority creditor's name and mailing address UNIVERSITY OF COLORADO 1635 AURORA COURT AURORA, CO 80206 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.55

Part 2:

Additional Page

			Amount of claim
3.706	Nonpriority creditor's name and mailing address UNIVERSITY OF COLORADO BOULDER 1490 30TH ST 125 BOULDER, CO 80309 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$564.85
3.707	Nonpriority creditor's name and mailing address UNIVERSITY OF CONCEPCION EDMUNDO LARENAS 219 4070409 CONCEPCIÓN BÍO BÍO CHILE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
3.708	Nonpriority creditor's name and mailing address UNIVERSITY OF CONNECTICUT UCONN HEALTH MAIN BUILDING 300 UCONN HEALTH BLVD FARMINGTON, CT 06030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00
3.709	Nonpriority creditor's name and mailing address UNIVERSITY OF COPENHAGEN NORREGADE 10 COPENHAGEN K 01017 DENMARK Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.710	Nonpriority creditor's name and mailing address UNIVERSITY OF COPENHAGEN NORREGADE 10 COPENHAGEN K 1017 DENMARK Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,056.00

Part 2:

Additional Page

			Amount of claim
3.711	Nonpriority creditor's name and mailing address UNIVERSITY OF EDINBURGH 1-7 ROXBURGH STREET EDINBURGH EH8 9TA UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218.00
3.712	Nonpriority creditor's name and mailing address UNIVERSITY OF EXETER STREATHAM CAMPUS NORTHCOTE HOUSE EXETER, DEVON EX4 4QJ UNITED KINGDON Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.00
3.713	Nonpriority creditor's name and mailing address UNIVERSITY OF FLORIDA 2033 MOWRY ROAD GAINESVILLE, FL 32607 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,962.00
3.714	Nonpriority creditor's name and mailing address UNIVERSITY OF FREIBURG FAHNENBERGPLATZ FREIBURG IM BREISGAU 79098 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$398.00
3.715	Nonpriority creditor's name and mailing address UNIVERSITY OF HELSINKI 4 VIKSBAYGEN HELSINGFORS 790 FINLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.00

Part 2:

Additional Page

			Amount of claim
3.716	Nonpriority creditor's name and mailing address UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN (UIUC) PO BOX 820 RANTOUL, IL 61866 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.90
3.717	Nonpriority creditor's name and mailing address UNIVERSITY OF LJUBLJANA KONGRESNI TRG 12 1000 LJUBLJANA, SLOVENIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$979.00
3.718	Nonpriority creditor's name and mailing address UNIVERSITY OF LOUISVILLE 2301 S THIRD ST LOUISVILLE, KY 40292 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,214.00
3.719	Nonpriority creditor's name and mailing address UNIVERSITY OF MARYLAND 1000 HILLTOP CIRCLE BALTIMORE, MD 19146 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,650.00
3.720	Nonpriority creditor's name and mailing address UNIVERSITY OF MARYLAND 1000 HILLTOP CIRCLE BALTIMORE, MD 19146 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.86

Part 2:

Additional Page

		Amount of claim
3.721	Nonpriority creditor's name and mailing address UNIVERSITY OF MARYLAND BALTIMORE 620 W LEXINGTON ST BALTIMORE, MD 21201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$379.19
3.722	Nonpriority creditor's name and mailing address UNIVERSITY OF MASSACHUSETTS, AMHERST 611 N PLEASANT STREET MORRILL 4N N201 AMHERST, MA 01003 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$31.12
3.723	Nonpriority creditor's name and mailing address UNIVERSITY OF MIAMI 1420 NW 9TH AVE MIAMI, FL 33136 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,204.00
3.724	Nonpriority creditor's name and mailing address UNIVERSITY OF MIAMI 1420 NW 9TH AVE MIAMI, FL 33136 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,862.00
3.725	Nonpriority creditor's name and mailing address UNIVERSITY OF MICHIGAN 500 SOUTH STATE STREET ANN ARBOR, MI 48109 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$749.00

Part 2:

Additional Page

		Amount of claim
3.726	Nonpriority creditor's name and mailing address UNIVERSITY OF MINNESOTA MAYO MEMORIAL BLDG MMC 46 420 DELAWARE ST SE MINNEAPOLIS, MN 55455 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$13,552.77
3.727	Nonpriority creditor's name and mailing address UNIVERSITY OF MISSISSIPPI VETERANS AFFAIRS MEDICAL CENTER 1500 WOODROW WILSON DRIVE JACKSON, MS 39216 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$187.00
3.728	Nonpriority creditor's name and mailing address UNIVERSITY OF MISSOURI 4011 DISCOVERY DRIVE COLUMBIA, MO 65201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$281.00
3.729	Nonpriority creditor's name and mailing address UNIVERSITY OF MISSOURI 4011 DISCOVERY DRIVE COLUMBIA, MO 65201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$277.00
3.730	Nonpriority creditor's name and mailing address UNIVERSITY OF NEBRASKA MEDICAL CENTER 515 S 26TH ST OMAHA, NE 68105 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$24.00

Part 2:

Additional Page

			Amount of claim
3.731	Nonpriority creditor's name and mailing address UNIVERSITY OF NEVADA - RENO 1664 N. VIRGINIA STREET MAILSTOP 330 RENO, NV 89557 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.50
3.732	Nonpriority creditor's name and mailing address UNIVERSITY OF NORTH CAROLINA WILMINGTON 601 SOUTH COLLEGE ROAD WILMINGTON, NC 28403 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.93
3.733	Nonpriority creditor's name and mailing address UNIVERSITY OF NOTTINGHAM THE UNIVERSITY OF NOTTINGHAM NOTTINGHAM NG7 2RD UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$897.00
3.734	Nonpriority creditor's name and mailing address UNIVERSITY OF OKLAHOMA HSC 1100 NORTH LINDSAY AVENUE OKLAHOMA CITY, OK 73104 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$454.00
3.735	Nonpriority creditor's name and mailing address UNIVERSITY OF OXFORD WELLINGTON SQ OXFORD OX1 2JD UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.00

Part 2:

Additional Page

			Amount of claim
3.736	Nonpriority creditor's name and mailing address UNIVERSITY OF PENNSYLVANIA 300 S 36TH ST PHILADELPHIA, PA 19104 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,068.03
3.737	Nonpriority creditor's name and mailing address UNIVERSITY OF PERUGIA 1 PIAZZA DELLUNIVERSITA PERUGIA 06123 ITALY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,078.00
3.738	Nonpriority creditor's name and mailing address UNIVERSITY OF PERUGIA 1 PIAZZA DELLUNIVERSITA PERUGIA 06123 ITALY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.00
3.739	Nonpriority creditor's name and mailing address UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15219 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,112.00
3.740	Nonpriority creditor's name and mailing address UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15219 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$494.52

Part 2:

Additional Page

		Amount of claim
3.741	Nonpriority creditor's name and mailing address UNIVERSITY OF PLYMOUTH EMDECK BLDG PLYMOTH PL4 8AA UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$500.00
3.742	Nonpriority creditor's name and mailing address UNIVERSITY OF PUERTO RICO 14, 2534 AVENIDA UNIVERSIDAD SAN JUAN, PR 925 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$50.00
3.743	Nonpriority creditor's name and mailing address UNIVERSITY OF PUERTO RICO 14, 2534 AVENIDA UNIVERSIDAD SAN JUAN, PUERTO RICO 925 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$859.00
3.744	Nonpriority creditor's name and mailing address UNIVERSITY OF REGENSBURG UNIVERSITÄTSSTRAßE 31 REGENSBURG 93053 GERMANY Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$16,920.00
3.745	Nonpriority creditor's name and mailing address UNIVERSITY OF SOUTHERN CALIFORNIA P.O. BOX 77967 LOS ANGELES, CA 90007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,900.59

Part 2: Additional Page

		Amount of claim
3.746	Nonpriority creditor's name and mailing address UNIVERSITY OF SOUTHERN CALIFORNIA P.O. BOX 77967 LOS ANGELES, CA 90007 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,208.69
3.747	Nonpriority creditor's name and mailing address UNIVERSITY OF SOUTHERN CALIFORNIA (USC) 1975 ZONAL AVE LOS ANGELES, CA 90033 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,047.61
3.748	Nonpriority creditor's name and mailing address UNIVERSITY OF SOUTHERN CALIFORNIA (USC) 1975 ZONAL AVE LOS ANGELES, CA 90033 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,501.76
3.749	Nonpriority creditor's name and mailing address UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DRIVE AUSTIN, TX 78712 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$26.91
3.750	Nonpriority creditor's name and mailing address UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DRIVE AUSTIN, TX 78712 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$15.83

Part 2: Additional Page

		Amount of claim
3.751	Nonpriority creditor's name and mailing address UNIVERSITY OF TEXAS AT DALLAS 800 W CAMPBELL RD RICHARDSON, TX 75080 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$417.00
3.752	Nonpriority creditor's name and mailing address UNIVERSITY OF TEXAS AT SAN ANTONIO 1 UTSA CIRCLE SAN ANTONIO, TX 78249 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$7,921.19
3.753	Nonpriority creditor's name and mailing address UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$919.00
3.754	Nonpriority creditor's name and mailing address UNIVERSITY OF VIRGINIA 1404 UNIVERSITY AVE CHARLOTTESVILLE, VA 22903 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$373.00
3.755	Nonpriority creditor's name and mailing address UNIVERSITY OF WASHINGTON 4311 11TH AVE NE STE 600 SEATTLE, WA 98109 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$944.42

Part 2:

Additional Page

			Amount of claim
3.756	Nonpriority creditor's name and mailing address UNIVERSITY OF WASHINGTON 4311 11TH AVE NE STE 600 SEATTLE, WA 98109 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$578.21
3.757	Nonpriority creditor's name and mailing address UNIVERSITY OF ZURICH WINTERTHURERSTRASSE 190 ZURICH 08057 SWITZERLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.50
3.758	Nonpriority creditor's name and mailing address UNIVERSITY OF ZURICH WINTERTHURERSTRASSE 190 ZURICH 08057 SWITZERLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10.00
3.759	Nonpriority creditor's name and mailing address US PLASTICS (USP) 1390 NEUBRECHT ROAD LIMA, OH 45801-3196 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.95
3.760	Nonpriority creditor's name and mailing address UT HEALTH CENTER SAN ANTONIO P.O. BOX 40310 SAN ANTONIO, TX 78229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,477.31

Part 2:

Additional Page

		Amount of claim
3.761	Nonpriority creditor's name and mailing address UT HEALTH CENTER SAN ANTONIO P.O. BOX 40310 SAN ANTONIO, TX 78229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$11,507.00
3.762	Nonpriority creditor's name and mailing address UT HEALTH CENTER SAN ANTONIO P.O. BOX 40310 SAN ANTONIO, TX 78229 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$454.70
3.763	Nonpriority creditor's name and mailing address UT HOUSTON HEALTH SCIENCE CENTER PO BOX 20036 HOUSTON, TX 77225 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,516.00
3.764	Nonpriority creditor's name and mailing address UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD DALLAS, TX 75390-9038 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$364.86
3.765	Nonpriority creditor's name and mailing address UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD DALLAS, TX 75390-9038 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$208.00

Part 2:

Additional Page

			Amount of claim
3.766	Nonpriority creditor's name and mailing address UTAH STATE UNIVERSITY 102 OLD MAIN LOGAN, UT 84341 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
3.767	Nonpriority creditor's name and mailing address UTRECHT UNIVERSITY 8 HEIDELBERGLAAN UTRECHT 3584CS NETHERLANDS Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.00
3.768	Nonpriority creditor's name and mailing address VA MEDICAL CENTER 3801 MIRANDA AVENUE. PALO ALTO, CA 94304-1207 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,650.00
3.769	Nonpriority creditor's name and mailing address VALIDATION SYSTEMS, INC. 988 SAN ANTONIO ROAD PALO ALTO, CA 94303 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,473.00
3.770	Nonpriority creditor's name and mailing address VALLEY CALIBRATION SERVICES, INC. 1780 WHIPPLE ROAD SUITE 204 UNION CITY, CA 94587 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$755.00

Part 2: Additional Page

		Amount of claim
3.771	Nonpriority creditor's name and mailing address VAN ANDEL INSTITUTE 333 BOSTWICK AVENUE NORTHEAST GRAND RAPIDS, MI 49503 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$673.00
3.772	Nonpriority creditor's name and mailing address VERTEX PHARMACEUTICALS (EUROPE) LIMITED 2 KINGDOM STREET, 9TH FLOOR PADDINGTON CENTRAL LONDON W2 6BD UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,898.93
3.773	Nonpriority creditor's name and mailing address VERTEX PHARMACEUTICALS, INC. 50 NORTHERN AVENUE BOSTON, MA 02210 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$35.15
3.774	Nonpriority creditor's name and mailing address VESIGEN THERAPEUTICS INC. 790 MEMORIAL DRIVE SUITE 103 CAMBRIDGE, MA 2139 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$149.00
3.775	Nonpriority creditor's name and mailing address VIB UNIVERSITY OF ANTWERP BLDG V UNIVERSITY OF ANTWERP UNIVERSITEITSPLEIN 1 WILRIJK, ANTWERP 02610 BELGIUM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,150.00

Part 2: Additional Page

		Amount of claim
3.776	Nonpriority creditor's name and mailing address VIB UNIVERSITY OF LEUVEN RIJVISSCHESTRAAT 120 T.A.V LEVERANCIERSBOEKHOUDING ZWIJNAARDE 9052 BELGIUM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$150.00
3.777	Nonpriority creditor's name and mailing address VIGILANT LLC 7570 BALES ST. SUITE 250 LIBERTY TOWNSHIP, OH 45069 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,004.00
3.778	Nonpriority creditor's name and mailing address VITA THERAPEUTICS, INC. 801 W BALTIMORE ST STE 301 BALTIMORE, MD 21201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEPOSIT (CLINICAL ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$568,339.16
3.779	Nonpriority creditor's name and mailing address VITA THERAPEUTICS, INC. 801 W BALTIMORE ST STE 301 BALTIMORE, MD 21201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$18,543.40
3.780	Nonpriority creditor's name and mailing address VITTORIA BIOTHERAPEUTICS 3675 MARKET STREET SUITE 200 PHILADELPHIA, PA 19104 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$500.00

Part 2: Additional Page

		Amount of claim
3.781	Nonpriority creditor's name and mailing address VIVET THERAPEUTICS 29 RUE TRONCHET PARIS 75008 FRANCE Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$9,298.75
3.782	Nonpriority creditor's name and mailing address VIVIDION THERAPEUTICS (TAVROS THERAPEUTICS) 8 DAVIS DRIVE SUITE 100 DURHAM, NC 27709 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$71.07
3.783	Nonpriority creditor's name and mailing address VIVIDION THERAPEUTICS (TAVROS THERAPEUTICS) 8 DAVIS DRIVE SUITE 100 DURHAM, NC 27709 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1.03
3.784	Nonpriority creditor's name and mailing address VLP LAW GROUP 446 OLD COUNTY RD STE 100-114 PACIFICA, CA 94044 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,232.50
3.785	Nonpriority creditor's name and mailing address VOR BIOPHARMA 100 CAMBRIDGE PARK DRIVE SUITE 101 CAMBRIDGE, MA 02140 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$18.31

Part 2:

Additional Page

			Amount of claim
3.786	Nonpriority creditor's name and mailing address VRL - MARYLAND LLC (RONALD ANTHONY BERGER SOLE MBR) 401 PROFESSIONAL DR STE 210 GAITHERSBURG, MD 20879-3445 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,132.50
3.787	Nonpriority creditor's name and mailing address VUMC CANCER CENTER AMSTERDAM 5200 W CALDWELL AVE NASHVILLE, TN 37232 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,481.00
3.788	Nonpriority creditor's name and mailing address VWR 100 MATSONFORD RD BUILDING 1 SUITE 200 RADNOR, PA 19087 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.789	Nonpriority creditor's name and mailing address WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER 131 MILLER ST 200 WINSTON SALEM, NC 27101 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185.75
3.790	Nonpriority creditor's name and mailing address WALTER AND ELIZA HALL INSTITUTE OF MEDICAL RESEARCH 1G WALTER AND ELIZA HALL INSTITUTE/1G ROYAL PARADE PARKVILLE, VIC 3050 AUSTRALIA Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.00

Part 2:

Additional Page

			Amount of claim
3.791	Nonpriority creditor's name and mailing address WASHINGTON UNIVERSITY IN SAINT LOUIS 700 ROSEDALE AVE ACCOUNTS PAYABLE MSC: 1056-423-1500 ST. LOUIS, MO 63108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,018.00
3.792	Nonpriority creditor's name and mailing address WASHINGTON UNIVERSITY IN SAINT LOUIS 700 ROSEDALE AVE ACCOUNTS PAYABLE MSC: 1056-423-1500 ST. LOUIS, MO 63108 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.793	Nonpriority creditor's name and mailing address WATERLOGIC USA, INC. 11710 STONEGATE CIR OMAHA, NE 68164-3692 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$530.71
3.794	Nonpriority creditor's name and mailing address WATERPROOFING ASSOCIATES INC 1295 NORMAN AVENUE SANTA CLARA, CA 95054 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,343.00
3.795	Nonpriority creditor's name and mailing address WATERS TECHNOLOGIES, INC ATTN: UDIT BATRA, CEO 4559 PAYSPHERE CIRCLE CHICAGO, IL 60674 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,064.98

Part 2: Additional Page

		Amount of claim
3.796	Nonpriority creditor's name and mailing address WAYNE STATE UNIVERSITY 4809 WOODWARD AVE DETROIT, MI 48201 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,950.00
3.797	Nonpriority creditor's name and mailing address WE BELIEVE IN A CURE 1051 PORT WASHINGTON BOULEVARD #1625 PORT WASHINGTON, NY 11050 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,650.00
3.798	Nonpriority creditor's name and mailing address WEIL, GOTSHAL & MANGES LLP 767 FIFTH AVENUE NEW YORK, NY 10153 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$111,033.33
3.799	Nonpriority creditor's name and mailing address WEILL CORNELL MEDICINE 575 LEXINGTON AVE 9TH FLOOR NEW YORK, NY 10022 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,500.00
3.800	Nonpriority creditor's name and mailing address WELLINGTON HADLEY HARBOR MASTER INVESTORS (CAYMAN) III L.P. (CAYMAN) III L.P. 280 CONGRESS STREET BOSTON, MA 2210 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: NON-CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$34,500,000.00

Part 2:

Additional Page

			Amount of claim
3.801	Nonpriority creditor's name and mailing address WELLINGTON HADLEY HARBOR MASTER INVESTORS (CAYMAN) III L.P. (CAYMAN) III L.P. 280 CONGRESS STREET BOSTON, MA 2210 Date or dates debt was incurred Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CONVERTIBLE NOTES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,506,966.56
3.802	Nonpriority creditor's name and mailing address WELLS FARGO VENDOR FINANCIAL SEERVICES PO BOX 030310 LOS ANGELES, CA 90030-0310 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,038.88
3.803	Nonpriority creditor's name and mailing address WEST VIRGINIA UNIVERSITY 1 WATERFRONT PL MORGANTOWN, WV 26505 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,490.00
3.804	Nonpriority creditor's name and mailing address WEST VIRGINIA UNIVERSITY 1 WATERFRONT PL MORGANTOWN, WV 26505 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.00
3.805	Nonpriority creditor's name and mailing address WILMERHALE 2100 PENNSYLVANIA AVENUE NORTHWEST WASHINGTON, DC 20037 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00

Part 2:

Additional Page

		Amount of claim
3.806	Nonpriority creditor's name and mailing address WILSON SONSINI GOODRICH & ROSATI 650 PAGE MILL RD PALO ALTO, CA 94304 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,649.85
3.807	Nonpriority creditor's name and mailing address WIREFORM, LLC 1456 W FARRAGUT AVE 2 CHICAGO, IL 60640 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRADE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$637.50
3.808	Nonpriority creditor's name and mailing address WREN THERAPEUTICS LTD 125 WOOD STREET LONDON EC2V 7AW UNITED KINGDOM Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$7,600.00
3.809	Nonpriority creditor's name and mailing address Y.A. ALMOG DIAGNOSITC & MEDICAL EQUIPMENT, LTD. 4 OREN STREET, BUILDING B, 3RD FLOOR HI PARK SHOHAM 60850 ISRAEL Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT (DISCOVERY ORDERS) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,789.55
3.810	Nonpriority creditor's name and mailing address YALE UNIVERSITY 38 HILLHOUSE AVENUE NEW HAVEN, CT 90520 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$20.00

Part 2: Additional Page

			Amount of claim
3.811	Nonpriority creditor's name and mailing address YALE UNIVERSITY P.O. BOX 208217 NEW HAVEN, CT 06520-8217 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,979.00
3.812	Nonpriority creditor's name and mailing address ZAKLAD GENETYKI SADOWEJ SP. Z O. O. WYSZYNSKIEGO 14/2 JOZEFOW 5420 POLAND Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: CUSTOMER DEPOSITS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.75
3.813	Nonpriority creditor's name and mailing address ZSGENETICS, INC 9 AUDUBON RD WAKEFIELD, MA 01880 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: CUSTOMER CREDIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.10

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	<u>UNDETERMINED</u>
5b. Total claims from Part 2	5b. +	<u>\$151,257,225.70</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<div><u>\$151,257,225.70</u></div>

Fill in this information to identify the case:Debtor Synthego CorporationUnited States Bankruptcy Court for the: District of DelawareCase number 25-10823
(if known)☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS 442 DAYS	23ANDME, INC. 223 NORTH MATHILDA AVENUE SUNNYDALE, CA 94086
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MATERIAL TRANSFER AGREEMENT	4BASEIO UK, LTD. 25 NORMAN WAY OVER C24 5QE UNITED KINGDOM
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MATERIAL TRANSFER AGREEMENT	4D MOLECULAR THERAPEUTICS, INC. 5858 HORTON STREET SUITE 455 EMERYVILLE, CA 94608
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	SALES AGREEMENT	4D MOLECULAR THERAPEUTICS, INC. 5908 HORTON STREET EMERYVILLE, CA 94608

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT 955 CHARTER STREET</p> <p>2162 DAYS</p>	<p>955 CHARTER PARTNERS 2596 BAY ROAD SUITE A REDWOOD CITY, CA 94063</p>
2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MAINTENANCE AGREEMENT STORMWATER TREATMENT MEASURES</p>	<p>955 CHARTER PARTNERS 2596 BAY ROAD UNIT A REDWOOD CITY, CA 94063</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>257 DAYS</p>	<p>AARVIK THERAPEUTICS 31363 MEDALLION DRIVE HAYWARD, CA 94544</p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>414 DAYS</p>	<p>ABBVIE, INC. 1 N WAUKEGAN ROAD NORTH CHICAGO, IL 60064</p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>365 DAYS</p>	<p>ACCENT THERAPEUTICS, INC. 65 HAYDEN AVENUE SUITE 3100S LEXINGTON, MA 02421</p>
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>ADAPT IMMUNE LIMITED 60 JUBILEE AVENUE MILTON PARK ABBINGDON, OXFORDSHIRE OX14 4RX UNITED KINGDOM</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p>	<p>ADAPTIMMUNE LIMITED 60 JUBILEE AVENUE MILTON PARK ABINGDON, OXFORDSHIRE OX14 4RX UNITED KINGDOM</p>
2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SUPPLY AGREEMENT MANUFACTURING</p> <p>174 DAYS</p>	<p>AKRON BIOMANUFACTURING, LLC 600 TALLEVAST ROAD SUITE 201 SARASOTA, FL 34243</p>
2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>65 DAYS</p>	<p>ALECTOR LLC 131 OYSTER POINT BLVD. SUITE 600 SOUTH SAN FRANCISCO, CA 94080</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>153 DAYS</p>	<p>ALIGOS THERAPEUTICS, INC. 1 CORPORATE DRIVE 2ND FLOOR SOUTH SAN FRANCISCO, CA 94080</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>ALPHINA THERAPEUTICS, INC. 36 CHURCH LANE WESTPORT, CT 60880</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MATERIAL TRANSFER AGREEMENT</p>	<p>AMERICAN TYPE CULTURE COLLECTION 10801 UNIVERSITY BLVD. MANASSAS, VA 20110</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	<p>AMPHISTA THERAPEUTICS BO'NESS ROAD NEWHOUSE MOTHERWELL ML1 5UH UNITED KINGDOM</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	ENGAGEMENT LETTER VALUATION SERVICES	<p>ANDERSON TAX LLC 1200 FIFTH AVENUE SUITE 1600 SEATTLE, WA 98101</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONSULTING AGREEMENT	<p>ANGELA SUMMERS 435 WISCONSIN AVENUE WAUKESHA, WI 53186</p>
2.20	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	GLP TEMPO MES SUBSCRIPTION	<p>APPRENTICE FS, INC. 101 HUDSON STREET JERSEY CITY, NJ 07302</p>
2.21	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	INTELLIGENT BATCH EXECUTION	<p>APPRENTICE FS, INC. 101 HUDSON STREET JERSEY CITY, NJ 07302</p>
2.22	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT SAAS	<p>APPRENTICE FS, INC. 101 HUDSON STREET JERSEY CITY, NJ 07302</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.23	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	TRADEMARK LICENSE AGREEMENT	<p>APPRENTICE FS, INC. 101 HUDSON STREET JERSEY CITY, NJ 07302</p>
2.24	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>391 DAYS</p>	<p>AQUINNAH PHARMACEUTICALS, INC. THE ENGINE 750 MAIN STREET CAMBRIDGE, MA 02139</p>
2.25	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MATERIAL TRANSFER AGREEMENT	<p>ARBOR BIOTECHNOLOGIES, INC. 790 MEMORIAL DRIVE CAMBRIDGE, MA 02319</p>
2.26	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE PROVIDER PILOT AGREEMENT CUSTOMER CONTRACT</p>	<p>ARCTORIS LTD 9400 GARSINGTON ROAD OXFORD, ENG OX4 2HN UNITED KINGDOM</p>
2.27	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT DRUG DISCOVERY SERVICES</p> <p>309 DAYS</p>	<p>ARCTORIS LTD. 9400 GARSINGTON ROAD OXFORD, ENG OX4 2HN UNITED KINGDOM</p>
2.28	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>923 DAYS</p>	<p>ARSENAL BIOSCIENCES, INC. 2 TOWER PLACE SUITE 700 SOUTH SAN FRANCISCO, CA 94080</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.29	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP SGRNA</p>	<p>ARSENALBIO 2 TOWER PL SUITE 600 SOUTH SAN FRANCISCO, CA 94080</p>
2.30	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>40 DAYS</p>	<p>ASPEN NEUROSCIENCE, INC. 10835 ROAD TO THE CURE SUITE 100 SAN DIEGO, CA 92121</p>
2.31	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LICENSE AGREEMENT</p>	<p>ASTRAZENECA PHARMACEUTICALS LP 1800 CONCORD PIKE WILMINGTON, DE 19897</p>
2.32	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>433 DAYS</p>	<p>ASTRAZENECA PHARMACEUTICALS LP 1800 CONCORD PIKE WILMINGTON, DE 19897</p>
2.33	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT AMENDMENT</p> <p>260 DAYS</p>	<p>ASTRAZENECA PHARMACEUTICALS LP 1800 CONCORD PIKE WILMINGTON, DE 19897</p>
2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MATERIAL TRANSFER AGREEMENT</p> <p>99 DAYS</p>	<p>ASTRAZENECA UK LIMITED 1 FRANCIS CRICK AVENUE CAMBRIDGE BIOMEDICAL CAMPUS CAMBRIDGE CB2 0AA UNITED KINGDOM</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REFERRAL AND CO-MARKETING AGREEMENT</p> <p>491 DAYS</p>	<p>AVANCE BIOSCIENCES, INC. 9770 W LITTLE YORK HOUSTON, TX 77040</p>
2.36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>592 DAYS</p>	<p>AVILAR THERAPEUTICS, INC. 400 TOTTEN POND ROAD SUITE 110 WALTHAM, MA 02541</p>
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT GENOMIC SERVICES</p> <p>411 DAYS</p>	<p>AZENTA US, INC. 2910 FORTUNE CIRCLE WEST INDIANAPOLIS, IN 46241</p>
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CO-MARKETING AGREEMENT INCLUDES USE OF SYNTHEGO TOOLING PROVISIONS</p>	<p>AZENTA US, INC. 2910 FORTUNE CIRCLE WEST SUITE E INDIANAPOLIS, IN 46241</p>
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p>	<p>AZTEK BIO, INC. 36 CHURCH LANE WESTPORT, CT 06880</p>
2.40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INSTALLATION & SERVICE AGREEMENT</p> <p>19 DAYS</p>	<p>BARTON INTEGRATION LLC 5151 CALIFORNIA SUITE 100 IRVINE, CA 92617</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP RNA PRODUCTS</p>	<p>BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030</p>
2.42	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p>	<p>BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 1500 E DUARTE RD ROOM 3344 DUARTE, CA 91010</p>
2.43	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p>	<p>BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 1500 E DUARTE RD ROOM 3344 DUARTE, CA 91010</p>
2.44	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 1500 E DUARTE RD ROOM 3344 DUARTE, CA 91010</p>
2.45	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP-LIKE SGRNA</p>	<p>BEIGENE (TAIWAN) LIMITED NANJING E. RD TAIPEI CITY 114030 TAIWAN</p>
2.46	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>POWER OF ATTORNEY EVALUATION AGREEMENT</p>	<p>BEIJING TEE & HOWE LAW OFFICE 10TH FLOOR TOWER D MINSHENG FINANCIAL CENTER 28 JIANGUOMENNEI AVE BEIJING 100005 CHINA</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.47	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>141 DAYS</p>	<p>BELHARRA THERAPEUTICS, INC. 3985 SORRENTO VALLEY BLVD. SUITE C SAN DIEGO, CA 92121</p>
2.48	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p>	<p>BICYCLETX LIMITED BUILDING 900 BABRAHAM RESEARCH CAMPUS CAMBRIDGE CB22 3AT UNITED KINGDOM</p>
2.49	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT AMENDMENT</p>	<p>BICYCLETX LIMITED BUILDING 900 BABRAHAM RESEARCH CAMPUS CAMBRIDGE CB22 3AT UNITED KINGDOM</p>
2.50	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT DISTRIBUTOR AGREEMENT</p> <p>299 DAYS</p>	<p>BIOLEGIO B.V. LAGELANDSEWEG 56 6545CG NIJMEGEN THE NETHERLANDS</p>
2.51	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>BIOMARIN PHARMACEUTICAL, INC. 105 DIGITAL DRIVE NOVATO, CA 94949</p>
2.52	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT AMENDMENT</p>	<p>BIOMARIN PHARMACEUTICAL, INC. 105 DIGITAL DRIVE NOVATO, CA 94949</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.53	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT AMENDMENT	BIOMARIN PHARMACEUTICAL, INC. 105 DIGITAL DRIVE NOVATO, CA 94949
2.54	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT AMENDMENT	BIOMARIN PHARMACEUTICAL, INC. 105 DIGITAL DRIVE NOVATO, CA 94949
2.55	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT AMENDMENT	BIOMARIN PHARMACEUTICAL, INC. 105 DIGITAL DRIVE NOVATO, CA 94949
2.56	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>281 DAYS</p>	BIOMEA FUSION, INC. 900 MIDDLEFIELD ROAD 4TH FLOOR REDWOOD CITY, CA 94063
2.57	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT RNA RESELLER AGREEMENT</p> <p>235 DAYS</p>	BIO-MEDICAL SCIENCE CO., LTD. 22 YEOKSAM-RO 7-GIL GANGNAM-GU SEOUL 06244 SOUTH KOREA
2.58	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT NON-EXCLUSIVE DISTRIBUTOR AGREEMENT</p> <p>326 DAYS</p>	BIOTOOLS CO., LTD. RM 9, 9F NO 93 (BUILDING D) NEW TAIPEI CITY 221 TAIWAN

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.59	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP RNA PRODUCTS</p>	<p>BIT BIO LIMITED DOROTHY HODGKIN BUILDING BABRAHAM RESEARCH CAMPUS CAMBRIDGE CB22 3FH UNITED KINGDOM</p>
2.60	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RESEARCH AGREEMENT RESEARCH & DEVELOPMENT AGREEMENT</p>	<p>BIT.BIO LTD. TH DOROTHY HODGKIN BUILDING BABRAHAM RESEARCH CAMPUS CAMBRIDGE CB22 3FH UNITED KINGDOM</p>
2.61	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>267 DAYS</p>	<p>BLUEPRINT MEDECINES CORPORATION 45 SIDNEY STREET CAMBRIDGE, MA 02139</p>
2.62	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>314 DAYS</p>	<p>BLUEROCK THERAPEUTICS LP ONE BROADWAY 15TH FLOOR CAMBRIDGE, MA 02412</p>
2.63	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP RNA PRODUCTS</p>	<p>BLUEROCK THERAPEUTICS LP ONE BROADWAY FLOOR 15 CAMBRIDGE, MA 02142</p>
2.64	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP-LIKE SGRNA</p>	<p>BLUESPHERE BIO 100 TECHNOLOGY DRIVE SUITE 526 PITTSBURGH, PA 15219</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.65	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDEPENDENT CONTRACTOR AGREEMENT CLONAL CELL LINE</p>	<p>BOARD OF REGENTS OF THE UNIVERSITY OF OKLAHOMA 865 RESEARCH PARKWAY OKLAHOMA CITY, OK 73104</p>
2.66	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>POWER OF ATTORNEY</p>	<p>BODNER FLOM LAW OFFICES 65 YIGAL ALON STREET TEL AVIV 67443 ISRAEL</p>
2.67	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>BOEHRINGER INGELHEIM RCV GMBH DR. BOEHRINGER GASSE 5-11 1121 VIENNA AUSTRIA</p>
2.68	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>BOUNDLESS BIO, INC. 11099 NORTH TORREY PINES ROAD SUITE 280 LA JOLLA, CA 92037</p>
2.69	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT CELL DIFFERENTIATION SERVICES</p> <p>519 DAYS</p>	<p>BRAINXELL, INC. 455 SCIENCE DRIVE SUITE 210 MADISON, WA 53711</p>
2.70	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LICENSE AGREEMENT</p> <p>251 DAYS</p>	<p>BRAINXELL, INC. 455 SCIENCE DRIVE SUITE 210 MADISON, WI 53711</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.71	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE PROVIDER PILOT AGREEMENT</p>	<p>BRAINXELL, INC. 455 SCIENCE DRIVE SUITE 210 MADISON, WI 53711</p>
2.72	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>432 DAYS</p>	<p>BRIDGEBIO PHARMA, INC. 3160 PORTER DRIVE SUITE 250 PALO ALTO, CA 94304</p>
2.73	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MATERIAL TRANSFER AGREEMENT</p>	<p>BRIDGEBIO PHARMA, INC. 3160 PORTER DRIVE SUITE 250 PALO ALTO, CA 94304</p>
2.74	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>BRISTOL-MYERS SQUIBB ROUTE 206 AND PROVINCE LINE ROAD PRINCETON, NJ 08543</p>
2.75	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>COVID 19 RAPID TEST SERVICES AGREEMENT</p>	<p>CALIFORNIA FIRE TASK 3 2470 PULGAS AVE EAST PALO ALTO, CA 94303-1321</p>
2.76	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDUSTRY RESOURCE MEMORANDUM OF UNDERSTANDING</p> <p>486 DAYS</p>	<p>CALIFORNIA INSTITUTE FOR REGENERATIVE MEDECINE 601 GATEWAY BLVD SUITE 400 SOUTH SAN FRANCISCO, CA 94080</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.77	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INDUSTRY RESOURCE MEMORANDUM OF UNDERSTANDING</p> <p>497 DAYS</p>	<p>CALIFORNIA INSTITUTE FOR REGENERATIVE MEDECINE 601 GATEWAY BLVD SUITE 400 SOUTH SAN FRANCISCO, CA 94080</p>
2.78	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>CANCER RESEARCH TECHNOLOGY LIMITED 2 REDMAN PLACE LONDON E20 1JQ UNITED KINGDOM</p>
2.79	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT FEASIBILITY AND ASSESSMENT SERVICES</p>	<p>CARDEA BIO, INC. 8969 KENAMAR DRIVE SUITE 104 SAN DIEGO, CA 92121</p>
2.80	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP-LIKE SGRNA</p>	<p>CARTHERICS PTY LTD MONASH HEALTH TRANSLATION PRECINCT HUDSON INSTITUTE FOR MEDICAL RESEARCH 27-31 WRIGHT STREET CLAYTON, AUSTRA 3168 AUSTRALIA</p>
2.81	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT REAL ESTATE BROKERAGE SERVICES</p>	<p>CBRE, INC. 400 HAMILTON AVENUE 4TH FLOOR PALO ALTO, CA 94301</p>
2.82	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT REAL ESTATE BROKERAGE SERVICES</p>	<p>CBRE, INC. 400 HAMILTON AVENUE 4TH FLOOR PALO ALTO, CA 94301</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.83	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP-LIKE SGRNA</p>	<p>CELULARITY INC. 170 PARK AVE FLORHAM PARK, NJ 7932</p>
2.84	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP RNA PRODUCTS</p>	<p>CHARITE CHARITÉ UNIVERSITAETSMEDIZIN BERLIN BERLIN, DE 13353 GERMANY</p>
2.85	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p>	<p>CHENGDU UCELLO BIOTECHNOLOGY CO. LIMITED BUILDING D1 TIANFU INTERNATIONAL BIO-TOWN SHUANGLIU DISTRICT 2ND FLOOR CHENGDU 610200 CHINA</p>
2.86	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>696 DAYS</p>	<p>CHENGDU UCELLO BIOTECHNOLOGY CO., LIMITED NO.18 2ND SECTION CHENGDU CITY, SICHUAN PROVINCE 610200 CHINA</p>
2.87	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALE & USE AGREEMENT</p> <p>1514 DAYS</p>	<p>CHILDREN'S GMP, LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 38105</p>
2.88	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SUBSCRIPTION AGREEMENT DEMAND CONVERSION PLATFORM</p> <p>147 DAYS</p>	<p>CHILI PIPER, INC. 228 PARK AVE S #78136 NEW YORK, NY 10003</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.89	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VENDOR AGREEMENT SALES LEAD GENERATION</p> <p>147 DAYS</p>	<p>CHILI PIPER, INC. 3696 HAVEN AVENUE SUITE A REDWOOD CITY, CA 94063</p>
2.90	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP-LIKE SGRNA</p>	<p>CITY OF HOPE 1500 E DUARTE RD RM 3344 DUARTE, CA 91010</p>
2.91	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VENDOR AGREEMENT GROOVE CORE EMAIL, CALENDAR, ACTIVITY TRACKING & INTEGRATION</p> <p>182 DAYS</p>	<p>CLARI, INC. 1154 SONORA COURT SUNNYVALE, CA 94086</p>
2.92	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT SPECIFIC SERVICES OUTLINED IN WORK ORDER</p>	<p>CONFIG CONSULTANTS, LLC 4900 HOPEYARD ROAD SUITE 100 PLEASANTON, CA 94588</p>
2.93	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VENDOR AGREEMENT MANAGED SERVICE SUPPORT FOR SALESFORCE SOFTWARE</p> <p>259 DAYS</p>	<p>CONFIG CONSULTANTS, LLC 4900 HOPYARD ROAD SUITE 100 PLEASANTON, CA 94588</p>
2.94	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT SAAS</p> <p>116 DAYS</p>	<p>CONTENTSTACK INC. 49 GEARY ST. SUITE 238 SAN FRANCISCO, CA 94108</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.95	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MATERIAL TRANSFER AGREEMENT	CORNELL UNIVERSITY CENTER FOR TECHNOLOGY LICENSING 395 PINE TREE ROAD SUITE 310 ITHACA, NY 14850
2.96	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER SERVICES AGREEMENT SPECIFIC SERVICES OUTLINED IN SOW	CORPORATE VISIONS, INC. 18124 WEDGE PKWY #2047 RENO, NV 89511
2.97	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENT DIGITAL WORKSHOP MODULES FOR EMPLOYEE TRAINING	CORPORATE VISIONS, INC. 5455 KIETZKE LANE RENO, NV 89511
2.98	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT GMP LIKE RNA PRODUCTS	CORRGENE BIOTECHNOLOGY CO., LTD. CHANGFA INTERNATIONAL PRECISION MEDICINE ACCELERATION CENTER NO .21 CHANGPING DISTRICT, BEIJING CHINA
2.99	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MATERIAL TRANSFER AGREEMENT	CRESCENDO BIOLOGICS LTD. MEDITRINA BUILDING BABRAHAM RESEARCH CAMPUS CAMBRIDGE CB22 3AT UNITED KINGDOM
2.100	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT GMP LIKE RNA PRODUCTS	CRISPR THERAPEUTICS 200 SIDNEY ST CAMBRIDGE, MA 02139

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.101	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>309 DAYS</p>	<p>CRISPR THERAPEUTICS, INC. 610 MAIN STREET NORTH BUILDING CAMBRIDGE, MA 02139</p>
2.102	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT CONSULTING SERVICES</p>	<p>CROSSCOUNTRY CONSULTING LLC 1600 TYSONS BLVD SUITE 1100 MCLEAN, VA 22102</p>
2.103	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE PROVIDER PILOT AGREEMENT</p>	<p>CURIA GLOBAL, INC. 26 CORPORATE CIRCLE ALBANY, NY 12203</p>
2.104	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT NON-EXCLUSIVE DISTRIBUTOR AGREEMENT</p>	<p>DAKEWE BIOTECH CO., LTD. RM #203 UNIT A NANSHAN DISTRICT SHENZHEN 518067 CHINA</p>
2.105	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT DISTRIBUTOR AGREEMENT</p> <p>285 DAYS</p>	<p>DECODE SCIENCES PTY LTD. 3/247 FERNTREE GULLY ROAD</p>
2.106	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMS OF SERVICE SAAS</p> <p>72 DAYS</p>	<p>DEGREE, INC (DBA LATTICE) 360 SPEAR ST FLOOR 4 SAN FRANCISCO, CA 94105</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.107	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p>	<p>DENALI THERAPEUTICS, INC. 161 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080</p>
2.108	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT AMENDMENT</p> <p>1058 DAYS</p>	<p>DENALI THERAPEUTICS, INC. 161 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080</p>
2.109	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</p>	<p>DEPARTMENT OF VETERANS AFFAIRS 8875 HIDDEN RIVER PKWY TAMPA, FL 33637</p>
2.110	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT STAFFING AND RECRUITING SERVICES</p>	<p>DEWINTER GROUP, INC. 1919 S. BASCOM AVE. SUITE 250 CAMPBELL, CA 95008</p>
2.111	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>344 DAYS</p>	<p>DICE THERAPEUTICS, INC. 400 EAST JAMIE COURT SUITE 300 SOUTH SAN FRANCISCO, CA 94080</p>
2.112	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>DOMPÉ FARMACEUTICI S.P.A. VIA SAN MARTINO 12 MILAN 20122 ITALY</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.113	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>WORK TERMS MEALS PROGRAM</p>	<p>DOORDASH, INC. 302 2ND STREET SUITE 800 SAN FRANCISCO, CA 94107</p>
2.114	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT DISTRIBUTOR AGREEMENT</p> <p>1415 DAYS</p>	<p>EDITCO BIO, INC. 600 SAGINAW DRIVE REDWOOD CITY, CA 94063</p>
2.115	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT SUPPLY & DISTRIBUTION AGREEMENT</p>	<p>EDITCO BIO, INC. 600 SAGINAW DRIVE REDWOOD CITY, CA 94063</p>
2.116	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT 3585 HAVEN AVENUE</p>	<p>EGGLI PROPERTIES 3585 HAVEN AVENUE SUITE G MENLO PARK, CA 94025</p>
2.117	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT AMENDMENT 3585 HAVEN AVENUE</p> <p>421 DAYS</p>	<p>EGGLI PROPERTIES 3585 HAVEN AVENUE SUITE G MENLO PARK, CA 94025</p>
2.118	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>EISAI LIMITED EUROPEAN KNOWLEDGE CENTER MOSQUITO WAY HATFIELD AL10 9SN UNITED KINGDOM</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.119	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	<p>EISAI LIMITED EUROPEAN KNOWLEDGE CENTER MOSQUITO WAY HATFIELD AL10 9SN UNITED KINGDOM</p>
2.120	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	<p>EISAI LIMITED EUROPEAN KNOWLEDGE CENTER MOSQUITO WAY HATFIELD AL10 9SN UNITED KINGDOM</p>
2.121	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	<p>EISAI LIMITED EUROPEAN KNOWLEDGE CENTER MOSQUITO WAY HATFIELD AL10 9SN UNITED KINGDOM</p>
2.122	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	<p>EISAI LIMITED EUROPEAN KNOWLEDGE CENTER MOSQUITO WAY HATFIELD AL10 9SN UNITED KINGDOM</p>
2.123	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER SERVICES AGREEMENT TESTING, DEVELOPMENT, AND VALIDATION SERVICES	<p>ELEMENT MATERIALS TECHNOLOGY PHARMA US LLC 9240 SANTA FE SPRINGS ROAD SANTA FE SPRINGS, CA 90670</p>
2.124	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER SERVICES AGREEMENT DNA SEQUENCING, OLIGO SYNTHESIS, DNA PURIFICATION, PEPTIDE SYNTHESIS, ETC. SERVICES	<p>ELIM BIOPHARMACEUTICALS, INC. 25495 WHITESELL STREET HAYWARD, CA 94545</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.125	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SYSTEM AND PRODUCT SUPPLY AGREEMENT RECYCLABLE CONTAINERS AND EQUIPMENT</p> <p>106 DAYS</p>	<p>EMD MILLIPORE 400 SUMMIT DRIVE BURLINGTON, MA 01803</p>
2.126	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p>	<p>EMENDOBIO INC. 400 W 61ST ST NEW YORK, NY 10069</p>
2.127	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONTRACT OF SALE PURCHASE ORDER</p>	<p>EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322</p>
2.128	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMS AND CONDIITONS PURCHASE OF GOODS AND SERVICES</p>	<p>ENPLAS MICROTECH, INC. 3211 SCOTT BLVD SUITE 103 SANTA CLARA, CA 95054</p>
2.129	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER CONSULTING SERVICES AGREEMENT ACQUISITION OF PRODUCT SERVICES</p> <p>24 DAYS</p>	<p>ENVISION INFORMATION TECHNOLOGIES, LLC 840 EXCELSIOR DR SUITE 402 MADISON, WI 53717</p>
2.130	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p>	<p>EPICRISPR BIOTECHNOLOGIES, INC. 700 SHORELINE COURT SUITE 100 SOUTH SAN FRANCISCO, CA 94080</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.131	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSE AGREEMENT	ERS GENOMICS LIMITED 88 HARCOURT STREET DUBLIN IRELAND
2.132	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER SERVICES AGREEMENT SPECIFIC SERVICES OUTLINED IN SOW 440 DAYS	E-TECHNOLOGIES GROUP, LLC 8614 JACQUEMIN DRIVE WEST CHESTER TOWNSHIP, OH 45069
2.133	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MATERIAL TRANSFER AGREEMENT	F. HOFFMAN LAROCHE LTD GRENZACHERSTRASSE 124 4070 BASEL SWITZERLAND
2.134	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS	FATE THERAPEUTICS 12278 SCRIPPS SUMMIT DR SAN DIEGO, CA 92121
2.135	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENT IT SOFTWARE LICENSE 304 DAYS	FATHOM VIDEO, INC. 2261 MARKET STREET #4156 SAN FRANCISCO, CA 94114
2.136	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	TAX SERVICES	FISCAL SOLUTIONS LTD. 130 WOOD STREET LONDON EC2V 6DL UNITED KINGDOM

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.137	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DRUM SYSTEM AGREEMENT SOLVENTS, REAGENTS, AND/OR OTHER LIQUID CHEMICAL SUPPLIER</p> <p>970 DAYS</p>	<p>FISHER SCIENTIFIC 1 REAGENT LANE FAIR LAWN, NJ 74010</p>
2.138	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RETURNABLE DRUM SYSTEM AGREEMENT</p> <p>970 DAYS</p>	<p>FISHER SCIENTIFIC 1 REAGENT LANE FAIR LAWN, NJ 74010</p>
2.139	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>432 DAYS</p>	<p>FOG PHARMACEUTICALS, INC. 30 ACORN PARK DRIVE CAMBRIDGE, MA 02140</p>
2.140	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p>	<p>FONDAZIONE TELETHON ETS VIA VARESE 16B ROMA 00185 ITALY</p>
2.141	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>463 DAYS</p>	<p>FRONTIER MEDICINES CORPORATION 151 OYSTER POINT BLVD 2ND FLOOR SOUTH SAN FRANCISCO, CA 94080</p>
2.142	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT DISTRIBUTOR AGREEMENT</p> <p>283 DAYS</p>	<p>FU XIN MEDICAL EQUIPMENT CO., LTD. NO. 96, SEC. 2 REN AI ROAD NEW TAIPEI CITY 24449 TAIWAN</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.143	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT RNA RESELLER AGREEMENT</p> <p>316 DAYS</p>	<p>FU XIN MEDICAL EQUIPMENT CO., LTD. NO. 96, SEC. 2 REN AI ROAD NEW TAIPEI CITY 24449 TAIWAN</p>
2.144	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT NON-EXCLUSIVE DISTRIBUTOR AGREEMENT</p> <p>27 DAYS</p>	<p>FUNAKOSHI CO., LTD. 9-7 HONGO 2-CHOME BUNKYO-KU TOKYO 113-033 JAPAN</p>
2.145	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>449 DAYS</p>	<p>GC THERAPEUTICS, INC. 700 MAIN STREET NORTH CAMBRIDGE, MA 02139</p>
2.146	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>GENENTECH, INC. 1 DNA WAY SOUTH SAN FRANCISCO, CA 94080</p>
2.147	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>GENENTECH, INC. 1 DNA WAY SOUTH SAN FRANCISCO, CA 94080</p>
2.148	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT AMENDMENT</p>	<p>GENENTECH, INC. 1 DNA WAY SOUTH SAN FRANCISCO, CA 94080</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.149	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT AMENDMENT	<p>GENENTECH, INC. 1 DNA WAY SOUTH SAN FRANCISCO, CA 94080</p>
2.150	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	<p>GLAXOSMITHKLINE, LLC 1250 S COLLEGEVILLE ROAD COLLEGEFIELD, PA 19426</p>
2.151	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	<p>GLAXOSMITHKLINE, LLC 1250 S COLLEGEVILLE ROAD COLLEGEFIELD, PA 19426</p>
2.152	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	<p>GLAXOSMITHKLINE, LLC 1250 S COLLEGEVILLE ROAD COLLEGEFIELD, PA 19426</p>
2.153	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	<p>GLAXOSMITHKLINE, LLC 1250 S COLLEGEVILLE ROAD COLLEGEFIELD, PA 19426</p>
2.154	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	<p>GLAXOSMITHKLINE, LLC 1250 S COLLEGEVILLE ROAD COLLEGEFIELD, PA 19426</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.155	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	GLAXOSMITHKLINE, LLC 1250 S COLLEGEVILLE ROAD COLLEGEFIELD, PA 19426
2.156	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	GLOBAL BLOOD THERAPEUTICS, INC. 181 OYSTER POINT BLVD. SOUTH SAN FRANCISCO, CA 94080
2.157	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT GMP RNA PRODUCTS	GRAPHITE BIO, INC. 279 E GRAND AVE. SAN FRANCISCO, CA 94080
2.158	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT GMP RNA PRODUCTS	GRAPHITE BIO, INC. 279 E GRAND AVE. SAN FRANCISCO, CA 94080
2.159	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SOFTWARE LICENSE AGREEMENT 137 DAYS	GSL BIOTECH, INC. 225 FRANKLIN STREET FL 26 BOSTON, MA 02110
2.160	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEASE AGREEMENT 3698C HAVEN AVENUE	HAVEN AVE., LLC 900 WELCH ROAD SUITE 10 PALO ALTO, CA 94304

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.161	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT 3698-A HAVEN AVENUE</p>	<p>HAVEN AVE., LLC 900 WELCH ROAD SUITE 10 PALO ALTO, CA 94304</p>
2.162	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT 3698-C HAVEN AVENUE</p>	<p>HAVEN AVE., LLC 900 WELCH ROAD SUITE 10 PALO ALTO, CA 94304</p>
2.163	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT 3698-A HAVEN AVENUE</p>	<p>HAVEN AVE., LLC 900 WELCH ROAD SUITE 10 PALO ALTO, CA 94304</p>
2.164	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT AMENDMENT 3698C HAVEN AVENUE</p>	<p>HAVEN AVE., LLC 900 WELCH ROAD SUITE 10 PALO ALTO, CA 94304</p>
2.165	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT AMENDMENT 3698-A HAVEN AVENUE</p> <p>360 DAYS</p>	<p>HAVEN AVE., LLC 900 WELCH ROAD SUITE 10 PALO ALTO, CA 94304</p>
2.166	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT AMENDMENT 3698-C HAVEN AVENUE</p>	<p>HAVEN AVE., LLC 900 WELCH ROAD SUITE 10 PALO ALTO, CA 94304</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.167	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT AMENDMENT 3698-A HAVEN AVENUE</p> <p>360 DAYS</p>	<p>HAVEN AVE., LLC 900 WELCH ROAD SUITE 10 PALO ALTO, CA 94304</p>
2.168	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSULTING SERVICES AGREEMENT SPECIFIC SERVICES OUTLINED IN SOW</p> <p>125 DAYS</p>	<p>HCL AMERICA INC. 2600 GREAT AMERICA WAY SUITE 401 SANTA CLARA, CA 95054</p>
2.169	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT 500 PREMISES</p>	<p>HCP LS REDWOOD CITY, LLC C/O HCP, INC. ATTN: LEGAL DEPARTMENT 3760 KILROY AIRPORT WAY, SUITE 300 LONG BEACH, CA 90806</p>
2.170	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT AMENDMENT 500 PREMISES</p>	<p>HCP LS REDWOOD CITY, LLC C/O HCP, INC. ATTN: LEGAL DEPARTMENT 3760 KILROY AIRPORT WAY, SUITE 300 LONG BEACH, CA 90806</p>
2.171	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MATERIAL TRANSFER AGREEMENT</p>	<p>HEALIOS KK 2-4-1 HAMAMATSUCHO MINATO-KU TOKYO 105-6115 JAPAN</p>
2.172	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>HOTSPOT THERAPEUTICS, INC. 50 MILK STREET 16TH FLOOR BOSTON, MA 02109</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.173	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LICENSE AGREEMENT	HUIDAGENE THERAPEUTICS PTD LTD 987 SERANGOON ROAD SINGAPORE
2.174	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	RESEARCH LICENSE & MATERIAL TRANSFER AGREEMENT	HUIGENE THERAPEUTICS CO, LTD. FLOOR 2 UNIT 3, BUILDING 5 SHANGHAI CHINA
2.175	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES	IGM BIOSCIENCES, INC. 325 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043
2.176	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENT WASTE TREATMENT AND DISPOSAL	INGENIUM GROUP LLC 955 W MISSION AVE ESCONDIDO, CA 92025
2.177	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS	INSITRO, INC. 279 EAST GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080
2.178	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT GMP RNA PRODUCTS	INSTITUTE FOR SYSTEMS BIOLOGY 401 TERRY AVE SEATTLE, WA 98109

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.179	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT</p> <p>161 DAYS</p>	<p>INTELLETRACE, INC. 448 IGNACIO BLVD NOVATO, CA 94949</p>
2.180	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>INTERLINE THERAPEUTICS, INC. 290 UTAH AVENUE SUITE 300 SOUTH SAN FRANCISCO, CA 94080</p>
2.181	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LICENSE AGREEMENT NON-EXCLUSIVE LICENSE AGREEMENT</p> <p>857 DAYS</p>	<p>IPS ACADEMIA JAPAN, INC. 207 INTERNATIONAL SCIENCE INNOVATION BUILDING EAST WING KYOTO UNIVERSITY KYOTO 606-8501 JAPAN</p>
2.182	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>JANSEN RESEARCH & DEVELOPMENT LLC 920 ROUTE 202 RARITAN, NJ 08869</p>
2.183	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>JANSEN RESEARCH & DEVELOPMENT LLC 920 ROUTE 202 RARITAN, NJ 08869</p>
2.184	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>JANSEN RESEARCH & DEVELOPMENT LLC 920 ROUTE 202 RARITAN, NJ 08869</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.185	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	JANSEN RESEARCH & DEVELOPMENT LLC 920 ROUTE 202 RARITAN, NJ 08869
2.186	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	JANSEN RESEARCH & DEVELOPMENT LLC 920 ROUTE 202 RARITAN, NJ 08869
2.187	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	JANSEN RESEARCH & DEVELOPMENT LLC 920 ROUTE 202 RARITAN, NJ 08869
2.188	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT LABORATORY SERVICE AGREEMENT	JANSEN RESEARCH & DEVELOPMENT LLC 920 ROUTE 202 RARITAN, NJ 08869
2.189	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT LABORATORY SERVICE AGREEMENT	JANSEN RESEARCH & DEVELOPMENT LLC 920 ROUTE 202 RARITAN, NJ 08869
2.190	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT LABORATORY SERVICE AGREEMENT	JANSEN RESEARCH & DEVELOPMENT LLC 920 ROUTE 202 RARITAN, NJ 08869

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.191	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	JANSEN RESEARCH & DEVELOPMENT LLC 920 ROUTE 202 RARITAN, NJ 08869
2.192	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	JANSEN RESEARCH & DEVELOPMENT LLC 920 ROUTE 202 RARITAN, NJ 08869
2.193	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT LABORATORY SERVICE AGREEMENT	JANSEN RESEARCH & DEVELOPMENT LLC 920 ROUTE 202 RARITAN, NJ 08869
2.194	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	CONSULTING AGREEMENT 317 DAYS	JEFF MERRICK DBA WIREFORM, LLC 1155 W LUNT AVENUE #355 CHICAGO, IL 60626
2.195	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	LEGAL ADVISORY	JONES DAY 1755 EMBARCADERO ROAD PALO ALTO, CA 94303
2.196	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENT SUPPLY AGREEMENT 787 DAYS	KACTUS BIO, INC. 60 HICKORY DRIVE WALTHAM, MA 02451

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.197	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VENDOR AGREEMENT SUPPLY AGREEMENT</p> <p>1031 DAYS</p>	<p>KACTUS BIO, INC. 60 HICKORY DRIVE WALTHAM, MA 02451</p>
2.198	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>207 DAYS</p>	<p>KARYOPHARM THERAPEUTICS 85 WELLS AVENUE NEWTON, MA 02459</p>
2.199	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VENDOR AGREEMENT SOFTWARE DEVELOPMENT AND DEPLOYMENT SERVICES</p> <p>5 DAYS</p>	<p>KELLTON TECH SOLUTIONS, INC. 3 INDEPENDENCE WAY SUITE 209 PRINCETON, NJ 08540</p>
2.200	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>565 DAYS</p>	<p>KESTREL THERAPEUTICS 127 WESTERN AVENUE ALLISTON, MA 02134</p>
2.201	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>KINNATE BIOPHARMA, INC. 3611 VALLEY CENTER DRIVE SUITE 175 SAN DIEGO, CA 92130</p>
2.202	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEGAL ADVISORY</p>	<p>KO LAW PC 745 N SHERMAN STREET DENVER, CO 80203</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.203	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	KUMQUAT BIOSCIENCES, INC. 10770 WATERIDGE CIRCLE UNIT 120 SAN DIEGO, CA 92121
2.204	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	KUMQUAT BIOSCIENCES, INC. 10770 WATERIDGE CIRCLE UNIT 120 SAN DIEGO, CA 92121
2.205	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	DISTRIBUTOR AGREEMENT DISTRIBUTOR AGREEMENT 290 DAYS	LAB-A-PORTER LTD. UNIT 1107 11/F HONG KONG CHINA
2.206	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	DISTRIBUTOR AGREEMENT DISTRIBUTOR AGREEMENT 323 DAYS	LABOSPACE, S.R.L. VIA VIRGILIO RANZATO 12 MILANO 20128 ITALY
2.207	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES	LARKSPUR BIOSCIENCES, INC. ONE MARINA PARK DRIVE SUITE 900 BOSTON, MA 02210
2.208	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	VENDOR AGREEMENT LICENSED SOFTWARE 223 DAYS	LEADIQ 548 MARKET STREET PMB 20317 SAN FRANCISCO, CA 94104

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.209	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>908 DAYS</p>	<p>LEIDOS BIOMEDICAL RESEARCH, INC. 1050 BOYLES STREET FREDERICK, MD 21702</p>
2.210	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>405 DAYS</p>	<p>LEXEO THERAPEUTICS, INC. 345 PARK AVENUE SOUTH 6TH FLOOR NEW YORK, NY 10010</p>
2.211	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>170 DAYS</p>	<p>LG CHEM LTD. LG TWIN TOWERS 128 YEOUI-DAERO SEOUL 7336 SOUTH KOREA</p>
2.212	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT SUPPLY & COMMERCIALIZATION AGREEMENT</p>	<p>LIFE TECHNOLOGIES CORP. 5781 VAN ALLEN WAY CARLSBAD, CA 92008</p>
2.213	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT SUPPLY & DISTRIBUTION AGREEMENT</p> <p>512 DAYS</p>	<p>LIFE TECHNOLOGIES CORP. 5781 VAN ALLEN WAY CARLSBAD, CA 92008</p>
2.214	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOFTWARE LICENSE AGREEMENT</p> <p>155 DAYS</p>	<p>LINKEDIN 1000 WEST MAUDE AVENUE SUNNYVALE, CA 94085</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.215	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VENDOR AGREEMENT SALES NAVIGATOR SOFTWARE</p> <p>299 DAYS</p>	<p>LINKEDIN 1000 WEST MAUDE AVENUE SUNNYVALE, CA 94085</p>
2.216	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SAAS SERVICES</p> <p>683 DAYS</p>	<p>LINKSQUARES, INC. 60 STATE STREET SUITE 1200 BOSTON, MA 02109</p>
2.217	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT ENGINEERED CELL PRODUCTS</p>	<p>LOUISIANA STATE UNIVERSITY 217 THOMAS BOYD HALL BATON ROUGE, LA 70803</p>
2.218	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>LOXO ONCOLOGY, INC. 281 TRESSER BLVD 9TH FLOOR STAMFORD, CT 06901</p>
2.219	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>LUNDBECK LA JOLLA RESEARCH CENTER 10835 ROAD TO THE CURE SUITE 250 SAN DIEGO, CA 92121</p>
2.220	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>84 DAYS</p>	<p>LYCIA THERAPEUTICS, INC. 400 EAST JAMIE COURT SUITE 200 SOUTH SAN FRANCISCO, CA 94080</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.221	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>LYELL IMMUNOPHARMA, INC. 201 HASKINGS WAY SOUTH SAN FRANCISCO, CA 94080</p>
2.222	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT SPECIFIC SERVICES OUTLINED IN WORK ORDER</p> <p>308 DAYS</p>	<p>LYOPHILIZATION TECHNOLOGY, INC. 30 INDIAN DRIVE IVYLAND, PA 18974</p>
2.223	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>116 DAYS</p>	<p>MAZE THERAPEUTICS, INC. 455 MISSION BAY BLVD SUITE 575 SAN FRANCISCO, CA 94158</p>
2.224	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT RESEARCH AGREEMENT</p>	<p>MEDICAL UNIVERSITY OF BIALYSTOCK 15-089 BIALYSTOCK POLAND</p>
2.225	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>MEDICAL UNIVERSITY OF BIALYSTOCK 15-089 BIALYSTOCK POLAND</p>
2.226	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MATERIAL TRANSFER AGREEMENT</p>	<p>MERCK KGAA DARMSTADT FRANKFURTHER ST. 250 DARMSTADT 64293 GERMANY</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.227	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>497 DAYS</p>	<p>MERCK, KGAA FRANKFURTER STRAÙE 250 64293 DARMSTADT GERMANY</p>
2.228	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSULTING AGREEMENT</p>	<p>MERISSA HAMILTON 3696 HAVEN AVENUE SUITE A REDWOOD CITY, CA 94901</p>
2.229	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RESEARCH AGREEMENT RESEARCH COLLABORATION AGREEMENT</p> <p>776 DAYS</p>	<p>MISSION BIO., INC. 400 E JAMIE COURT SUITE 100 SOUTH SAN FRANCISCO, CA 94080</p>
2.230	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>901 DAYS</p>	<p>MODERNATX, INC. 325 BINNEY STREET CAMBRIDGE, MA 02142</p>
2.231	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT RNA RESELLER AGREEMENT</p> <p>102 DAYS</p>	<p>MOLECULAR CLONING LABORATORIES, LLC 384 OYSTER POINT BLVD. STE #15 SOUTH SAN FRANCISCO, CA 94080</p>
2.232	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VENDOR AGREEMENT MANAGED SERVICE SUPPORT FOR SALESFORCE SOFTWARE</p>	<p>NAME REDACTED 814 NORTH PACIFIC STREET OCEANSIDE, CA 92054</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.233	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	NATIONAL INSTITUTE OF HEALTH 9000 ROCKVILLE PIKE BLD C, RM 339E BETHESDA, MD 20892
2.234	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	NATIONAL INSTITUTE OF HEALTH 9000 ROCKVILLE PIKE BLD C, RM 339E BETHESDA, MD 20892
2.235	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	RESEARCH AGREEMENT RESEARCH & DEVELOPMENT AGREEMENT	NATIONAL INSTITUTE OF STANDARDS & TECHNOLOGY 100 BUREAU DRIVE GAITHERSBURG, MD 20899
2.236	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT GMP-LIKE SGRNA	NATIONWIDE CHILDRENS HOSPITAL RESEARCH INSTITUTE 700 CHILDRENS DR COLUMBUS, OH 43205
2.237	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES 218 DAYS	NEOGENE THERAPEUTICS, INC. 2225 COLORADO AVENUE SANTA MONICA, CA 90404
2.238	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT AMENDMENT 218 DAYS	NEOGENE THERAPEUTICS, INC. 2225 COLORADO AVENUE SANTA MONICA, CA 90404

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.239	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p>	<p>NEOGENE THERAPEUTICS, INC. SCIENCE PARK 106 AMSTERDAM, NH 1098 NETHERLANDS</p>
2.240	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MATERIAL TRANSFER AGREEMENT</p>	<p>NERX BIOSCIENCES, INC. 651 CENTRAL AVE SUITE 120 INDIANAPOLIS, IN 46220</p>
2.241	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>6 DAYS</p>	<p>NESTED THERAPEUTICS, INC. 1030 MASS AVENUE SUITE 410 CAMBRIDGE, MA 02138</p>
2.242	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>348 DAYS</p>	<p>NEUMORA THERAPEUTICS 490 ARSENAL WAY SUITE 200 WATERTOWN, MA 02472</p>
2.243	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>501 DAYS</p>	<p>NEUROCRINE BIOSCIENCES, INC. 12780 EL CAMINO REAL SAN DIEGO, CA 92130</p>
2.244	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>104 DAYS</p>	<p>NEUVOCOR PTE. LTD. 3 BIOPOLIS DRIVE SYNAPSE 138623 SINGAPORE</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.245	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	NGM BIOPHARMACEUTICALS, INC. 333 OYSTER POINT BLVD. SOUTH SAN FRANCISCO, CA 94080
2.246	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES	NIDO BIOSCIENCES, INC. 200 CLARENDON STREET 45TH FLOOR BOSTON, MA 02116
2.247	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS 172 DAYS	NINE SQUARE THERAPEUTICS CORPORATION 285 EAST GRAND AVENUE SOUTH SAN FRANCISCO, CA 94080
2.248	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60611
2.249	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT PHARMACEUTICAL SERVICES	NOVO NORDISK NOVO ALLÉ BAGSVAERD, DK 02880 DENMARK
2.250	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MATERIAL TRANSFER AGREEMENT	NTRC THERAPEUTICS, B.V. KLOOSTERSTRAAT 9 5349 AB OSS THE NETHERLANDS

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.251	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>48 DAYS</p>	<p>NURIX THERAPEUTICS, INC. 1700 OWENS STREET SUITE 205 SAN FRANCISCO, CA 94158</p>
2.252	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>ONTARIO INSTITUTE FOR CANCER RESEARCH 661 UNIVERSITY AVENUE SUITE 510 TORONTO, ON CANADA</p>
2.253	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICES AGREEMENT CAREER SUPPORT PROGRAMMING FOR FOREIGN NATIONALS</p>	<p>OPEN AVENUES FOUNDATION 125 WASHINGTON ST. SUITE 204 SALEM, MA 01970</p>
2.254	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>467 DAYS</p>	<p>OPNA BIO SA ROUTE DE CORNICHE 6 EPALINGES VAUD 01066 SWITZERLAND</p>
2.255	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SUBSCRIPTION SERVICES AGREEMENT NETSUITE CLOUD SERVICES</p>	<p>ORACLE AMERICA, INC. 2300 ORACLE WAY AUSTIN, TX 78741</p>
2.256	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p>	<p>ORIC PHARMACEUTICALS, INC. 240 EAST GRAND AVENUE 2ND FLOOR SOUTH SAN FRANCISCO, CA 94080</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.257	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>166 DAYS</p>	<p>OVID THERAPEUTICS, INC. 441 9TH AVENUE NEW YORK, NY 10001</p>
2.258	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>656 DAYS</p>	<p>OXFORD BIOTHEAPEUTICS LTD SUITE A SECOND FLOOR OXFORD OX4 4GE UNITED KINGDOM</p>
2.259	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT SPECIFIC SERVICES OUTLINED IN WORK ORDER</p> <p>811 DAYS</p>	<p>PACIFIC BIOLABS, INC. 551 LINUS PAULING DRIVE HERCULES, CA 94547</p>
2.260	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICES AGREEMENT MANAGEMENT CONSULTING AND EXECUTIVE DEVELOPMENT SERVICES</p> <p>180 DAYS</p>	<p>PACKMAN & ASSOCIATES, INC. 25935 SW STAFFORD RD WILLSONVILLE, OR 97070</p>
2.261	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP-LIKE SGRNA</p>	<p>PACT PHARMA, INC. 2 CORPORATE DRIVE SOUTH SAN FRANCISCO, CA 94080</p>
2.262	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP-LIKE SGRNA</p>	<p>PACT PHARMA, INC. 2 CORPORATE DRIVE SOUTH SAN FRANCISCO, CA 94080</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.263	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP-LIKE SGRNA</p>	<p>PACT PHARMA, INC. 2 CORPORATE DRIVE SOUTH SAN FRANCISCO, CA 94080</p>
2.264	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT SPECIFIC SERVICES OUTLINED IN WORK ORDER</p>	<p>PANGEA INC. SA GUSTAVE-ADOR 20, 1207 GENÈVE SWITZERLAND</p>
2.265	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT SPECIFIC SERVICES OUTLINED IN SOW</p> <p>546 DAYS</p>	<p>PARK PLACE TECHNOLOGIES, LLC 5910 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124</p>
2.266	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CREDIT AGREEMENT AMENDMENT</p>	<p>PERCEPTIVE CREDIT HOLDINGS III, LP 51 ASTOR PLACE; 10TH FLOOR NEW YORK, NY 10003</p>
2.267	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>87 DAYS</p>	<p>PFIZER, INC. WRD PROCUREMENT 235 EAST 42ND STREET NEW YORK, NY 10017</p>
2.268	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT AMENDMENT</p> <p>87 DAYS</p>	<p>PFIZER, INC. WRD PROCUREMENT 235 EAST 42ND STREET NEW YORK, NY 10017</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.269	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE PROVIDER PILOT AGREEMENT</p>	<p>PHENOVISTA BIOSCIENCES, INC. 6195 CORNERSTONE COURT E #114 SAN DIEGO, CA 92121</p>
2.270	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT DISTRIBUTOR AGREEMENT</p> <p>285 DAYS</p>	<p>PHILEKOREA TECHNOLOGY, INC. #B102 WOOLIM LIONS VALLEY SEOUL 08507 KOREA</p>
2.271	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>PLIANT THERAPEUTICS, INC. 260 LITTLEFIELD AVENUE SOUTH SAN FRANCISCO, CA 94080</p>
2.272	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT DEVELOPMENT AND MANUFACTURING SERVICES</p> <p>168 DAYS</p>	<p>PLURISTYX, INCORPORATED 3000 WESTERN AVE. SEATTLE, WA 93121</p>
2.273	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>376 DAYS</p>	<p>POSEIDA THERAPEUTICS, INC. 9390 TOWNE CENTER DRIVE SAN DIEGO, CA 92121</p>
2.274	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMB SGRNA</p>	<p>POSEIDA THERAPEUTICS, INC. 9390 TOWNE CENTER DRIVE SAN DIEGO, CA 92121</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.275	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMB SGRNA</p>	<p>POSEIDA THERAPEUTICS, INC. 9390 TOWNE CENTER DRIVE SAN DIEGO, CA 92121</p>
2.276	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>403 DAYS</p>	<p>PRELUDE THERAPEUTICS, INC. 200 POWDER MILL ROAD EXPERIMENTAL STATION E400 / 3213 WILMINGTON, DE 19803</p>
2.277	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SUBSCRIPTION AGREEMENT SAAS</p>	<p>PRODUCTIV, INC. 658 HIGH STREET AVE. PALO ALTO, CA 94301</p>
2.278	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p>	<p>PROOF DIAGNOSTICS, INC. (PINE TREE HEALTH) 700 MAIN STREET NORTH CAMBRIDGE, MA 02139</p>
2.279	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT SPECIFIC SERVICES OUTLINED IN WORK ORDER</p> <p>169 DAYS</p>	<p>PROPHARMA GROUP HOLDINGS, LLC 8717 W. 110TH STREET SUITE 300 OVERLAND PARK, KS 66210</p>
2.280	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>629 DAYS</p>	<p>RAPT THERAPEUTICS, INC. 561 ECCLES AVENUE SOUTH SAN FRANCISCO, CA 94080</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.281	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>421 DAYS</p>	<p>RAYZEBIO, INC. 5505 MOREHOUSE DRIVE SUITE 300 SAN DIEGO, CA 92121</p>
2.282	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT ELECTRICAL DESIGN AND CONSTRUCTION SERVICES</p> <p>438 DAYS</p>	<p>RED TOP ELECTRIC CO., EMERYVILLE, INC. 6751 SOUTHFRONT RD. LIVERMORE, CA 94551</p>
2.283	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>595 DAYS</p>	<p>REPertoire IMMUNE MEDICINES 1 KENDALL SQUARE BUILDING 1400 W CAMBRIDGE, MA 02139</p>
2.284	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LICENSE AGREEMENT</p>	<p>REPROCELL USA, INC. 9000 VIRGINIA MANOR ROAD SUITE 207 BELTSVILLE, MD 207205</p>
2.285	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p>	<p>RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDREN'S DR COLUMBUS, OH 43205</p>
2.286	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>REVOLUTION MEDECINES, INC. 700 SAGINAW DRIVE REDWOOD CITY, CA 94063</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.287	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT AMENDMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>REVOLUTION MEDECINES, INC. 700 SAGINAW DRIVE REDWOOD CITY, CA 94063</p>
2.288	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT AMENDMENT</p> <p>240 DAYS</p>	<p>REVOLUTION MEDECINES, INC. 700 SAGINAW DRIVE REDWOOD CITY, CA 94063</p>
2.289	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p>	<p>RIBON THERAPEUTICS 35 CAMBRIDGE PARK DRIVE CAMBRIDGE, MA 02140</p>
2.290	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>174 DAYS</p>	<p>RIVA THERAPEUTICS, INC. 3525 DEL MAR HEIGHTS ROAD SUITE 1845 SAN DIEGO, CA 92130</p>
2.291	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSULTING AGREEMENT AMENDMENT</p> <p>241 DAYS</p>	<p>ROBERTS, REBECCA ADDRESS REDACTED</p>
2.292	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT CRISPR SGRNA</p>	<p>ROCKEND LIMITED PUDDICOMBE WAY CAMBRIDGE CB2 0AW UNITED KINGDOM</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.293	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GRNA PRODUCTS</p>	<p>RYVU THERAPEUTICS, S.A. U.L. STERNBACHA 2 KRAKOW 30-394 POLAND</p>
2.294	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GRNA PRODUCTS</p>	<p>RYVU THERAPEUTICS, S.A. U.L. STERNBACHA 2 KRAKOW 30-394 POLAND</p>
2.295	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GRNA PRODUCTS</p>	<p>RYVU THERAPEUTICS, S.A. U.L. STERNBACHA 2 KRAKOW POLAND</p>
2.296	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VENDOR AGREEMENT TABLEAU CLOUD SERVICES / SOFTWARE</p> <p>270 DAYS</p>	<p>SALESFORCE, INC. 415 MISSION STREET 3RD FLOOR SAN FRANCISCO, CA 94105</p>
2.297	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VENDOR AGREEMENT CLOUD DATA SERVICES</p> <p>271 DAYS</p>	<p>SALESFORCE, INC. 415 MISSION STREET 3RD FLOOR SAN FRANCISCO, CA 94105</p>
2.298	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>551 DAYS</p>	<p>SANA BIOTECHNOLOGY, INC. 188 EAST BLAINE STREET SUITE 400 SEATTLE, WA 98102</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.299	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>421 DAYS</p>	<p>SANA BIOTECHNOLOGY, INC. 188 EAST BLAINE STREET SUITE 400 SEATTLE, WA 98102</p>
2.300	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT AMENDMENT</p>	<p>SANA BIOTECHNOLOGY, INC. 188 EAST BLAINE STREET SUITE 400 SEATTLE, WA 98102</p>
2.301	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTOR AGREEMENT DISTRIBUTOR AGREEMENT</p> <p>270 DAYS</p>	<p>SAS BIOTIKA 42 ROUTE DU PÉRIMÈTRE ANNECY 74940 FRANCE</p>
2.302	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>514 DAYS</p>	<p>SCHRÖDINGER, INC, 120 WEST 45TH STREET 17TH FLOOR NEW YORK, NY 10036</p>
2.303	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>SCIENCE EXCHANGE, INC. 2261 MARKET STREET #4759 SAN FRANCISCO, CA 94114</p>
2.304	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VENDOR AGREEMENT IT - SAAS FORECASTING SOFTWARE</p> <p>165 DAYS</p>	<p>SCRATCHPAD 440 N BARRANCA AVE. 9418 COVINA, CA 91723-1722</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.305	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p> <p>480 DAYS</p>	<p>SCRIPPS RESEARCH INSTITUTE FLORIDA 130 SCRIPPS WAY #3C2 JUPITER, FL 33458</p>
2.306	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>GENE EDITING ASSESSMENT AND ANALYSIS AGREEMENT PROVIDE GENE EDITING ASSAYS, DIAGNOSTICS AND MOLECULAR INFORMATION</p> <p>480 DAYS</p>	<p>SEQUIRE DX, INC. 1440 MAIN STREET SUITE 320 WALTHAM, MA 2451</p>
2.307	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>46 DAYS</p>	<p>SERVIER PHARMACEUTICALS LLC 200 PIER FOUR BLVD. BOSTON, MA 02210</p>
2.308	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>513 DAYS</p>	<p>SHAPE THERAPEUTICS, INC. 219 TERRY AVENUE N SUITE 100 SEATTLE, WA 98109</p>
2.309	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p>	<p>SHORELINE BIOSCIENCES, INC. 11408 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121</p>
2.310	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICES AGREEMENT SPECIFIC SERVICES OUTLINED IN SCHEDULE 1</p> <p>30 DAYS</p>	<p>SIFTED PO BOX 5237 ATLANTA, GA 31107</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.311	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICES AGREEMENT SAAS</p>	<p>SMARTSHEET, INC. 10500 NE 8TH STREET SUITE 1300 BELLEVUE, WA 98004</p>
2.312	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TRAINING SERVICES</p> <p>191 DAYS</p>	<p>SNOWFLAKE, INC. PO BOX 734951 DALLAS, TX 75373</p>
2.313	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT SPECIFIC SERVICES OUTLINED IN ADDENDUMS</p>	<p>SOAPROJECTS, INC. 495 N WHISMAN ROAD SUITE 100 MOUNTAIN VIEW, CA 94043</p>
2.314	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EVALUATION AGREEMENT</p> <p>904 DAYS</p>	<p>SQZ BIOTECHNOLOGIES COMPANY 200 ARSENAL YARDS BLVD. WATERTOWN, MA 02472</p>
2.315	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GRNA PRODUCTS</p>	<p>SRI INTERNATIONAL 333 RAVENSWOOD AVE. MENLOW PARK, CA 94063</p>
2.316	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p>	<p>ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.317	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p>	<p>ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105</p>
2.318	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GRNA PRODUCTS</p>	<p>ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105</p>
2.319	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GRNA PRODUCTS</p>	<p>ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105</p>
2.320	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT SALE OF PRODUCT</p>	<p>STELLATE DNA LLC 625 MOUNT AUBURN STREET SUITE 105 CAMBRIDGE, MA 02138</p>
2.321	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT SPECIFIC SERVICES OUTLINED IN SOW</p> <p>469 DAYS</p>	<p>STEM GENOMICS INC. 5501 FORTUNES RIDGE DR SUITE O DURHAM, NC 27713</p>
2.322	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MATERIAL TRANSFER AGREEMENT STEM CELL TECHNOLOGIES</p>	<p>STEMCELL TECHNOLOGIES CANADA INC. 500-1618 STATION STREET VANCOUVER V6A 1B6 CANADA</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.323	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSULTING AGREEMENT</p> <p>245 DAYS</p>	<p>STUART CHAFFEE 34 BROOK STREET WELLESLEY, MA 02482</p>
2.324	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DIGITAL MARKETING AGREEMENT</p> <p>149 DAYS</p>	<p>SUPREME OPTIMIZATION, LLC 1607 AVENIDA JUAN PONCE DE LEON GM-06 COBIANS PLAZA SAN JUAN, PR 00909</p>
2.325	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p>	<p>SYNCHRONICITY PHARMA, INC. 1416 SARATOGA AVENUE #133 SAN JOSE, CA 95129</p>
2.326	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOFTWARE LICENSE AGREEMENT</p> <p>726 DAYS</p>	<p>SYSERCO, INC. 215 FOURIER AVENUE FREMONT, CA 94063</p>
2.327	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SAAS SERVICES</p> <p>128 DAYS</p>	<p>TALENTED, INC. 400 SOUTH EL CAMINO REAL SAN MATEO, CA 94402</p>
2.328	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER SERVICES AGREEMENT PROVIDE SEO, CONTENT STRATEGY, AND RELATED SERVICES</p> <p>63 DAYS</p>	<p>TECHBOOMERS MEDIA INC. 154A LAKESHORE ROAD ST. CATHARINES, ON L2N 2V1 CANADA</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.329	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>376 DAYS</p>	<p>TENAYA THERAPEUTICS, INC. 171 OYSTER POINT BLVD. SUITE 500 SOUTH SAN FRANCISCO, CA 94080</p>
2.330	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MATERIAL TRANSFER AGREEMENT</p>	<p>TENAYA THERAPEUTICS, INC. 171 OYSTER POINT BLVD. SUITE 500 SOUTH SAN FRANCISCO, CA 94080</p>
2.331	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>THE BOARD OF TRUSTEES OF LELAND STANFORD JUNIOR UNIVERSITY 1651 PAGE MILL ROAD PALO ALTO, CA 94304</p>
2.332	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MATERIAL TRANSFER AGREEMENT</p>	<p>THE CLEVELAND CELL THERAPY INCUBATOR, LLC 25001 EMERY ROAD SUITE 150.1 CLEVELAND, OH 44128</p>
2.333	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MATERIAL TRANSFER AGREEMENT CRO AGREEMENT</p> <p>1960 DAYS</p>	<p>THE INSTITUTE OF CANCER RESEARCH: ROYAL CANCER HOSPITAL 123 OLD BROMPTON ROAD LONDON SW7 3RP UNITED KINGDOM</p>
2.334	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>358 DAYS</p>	<p>THE OHIO STATE UNIVERSITY 2650 KENNY ROAD COLUMBUS, OH 43210</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.335	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RESEARCH AGREEMENT SPONSORED RESEARCH AGREEMENT</p> <p>56 DAYS</p>	<p>THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD. LOS ANGELES, CA 90024</p>
2.336	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT RNA PRODUCTS</p>	<p>THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD. LOS ANGELES, CA 90024</p>
2.337	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMB SGRNA</p>	<p>THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD. LOS ANGELES, CA 90024</p>
2.338	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMB SGRNA</p>	<p>THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD. LOS ANGELES, CA 90024</p>
2.339	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>903 DAYS</p>	<p>THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 2600 CIVIC CENTER BLVD. 9TH FLOOR PHILADELPHIA, PA 19104-4310</p>
2.340	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 1918 UNIVERSITY BLVD. BIRMINGHAM, AL 35294</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.341	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT CRISPR SGRNA</p>	<p>THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD. HOUSTON, TX 77030</p>
2.342	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT CRISPR SGRNA</p>	<p>THE UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD. HOUSTON, TX 77030</p>
2.343	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MATERIAL TRANSFER AGREEMENT</p>	<p>THINKCYTE, INC. 7-3-1 BUNKYO HONGO 1130033 TOKYO JAPAN</p>
2.344	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT MASTER AGREEMENT FOR PROJECT ORDER SERVICES</p> <p>746 DAYS</p>	<p>T-KNIFE GMBH ROBERT-RÖSSLE-STRASSE 10 BERLIN 13125 GERMANY</p>
2.345	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT AMENDMENT</p> <p>746 DAYS</p>	<p>T-KNIFE GMBH ROBERT-RÖSSLE-STRASSE 10 BERLIN 13125 GERMANY</p>
2.346	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH SERVICES</p> <p>535 DAYS</p>	<p>TREX BIO, INC. 3696 #A HAVEN AVENUE REDWOOD CITY, CA 94063</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.347	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VENDOR AGREEMENT TRINET SERVICE AGREEMENT</p> <p>330 DAYS</p>	<p>TRINET ONE PARK PLACE, STE 600 DUBLIN, CA 94568-7983</p>
2.348	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>348 DAYS</p>	<p>TROTANA, INC. 5555 OBERLIN DRIVE SAN DIEGO, CA 92121</p>
2.349	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>UCB BIOPHARMA SRL ALLEE DE LA RECHERCHE 60 1070 BRUSSELS BELGIUM</p>
2.350	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>UCB BIOPHARMA SRL ALLEE DE LA RECHERCHE 60 1070 BRUSSELS BELGIUM</p>
2.351	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>UCB BIOPHARMA SRL ALLEE DE LA RECHERCHE 60 1070 BRUSSELS BELGIUM</p>
2.352	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>UCB BIOPHARMA SRL ALLEE DE LA RECHERCHE 60 1070 BRUSSELS BELGIUM</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.353	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	UCB BIOPHARMA SRL ALLEE DE LA RECHERCHE 60 1070 BRUSSELS BELGIUM
2.354	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	UCB BIOPHARMA SRL ALLEE DE LA RECHERCHE 60 1070 BRUSSELS BELGIUM
2.355	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT RESEARCH USE ONLY PRODUCTS	UCB BIOPHARMA SRL ALLÉE DE LA RECHERCHE 60, 1 BRUSSELS 1070 BELGIUM
2.356	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT RESEARCH USE ONLY PRODUCTS	UCB BIOPHARMA SRL ALLÉE DE LA RECHERCHE 60, 1 BRUSSELS 1070 BELGIUM
2.357	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT RESEARCH SERVICES	ULTRAGENYX PHARMACEUTICAL, INC. 60 LEVERONI COURT NOVATO, CA 94949
2.358	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	MASTER AGREEMENT AMENDMENT 3570 DAYS	ULTRAGENYX PHARMACEUTICAL, INC. 60 LEVERONI COURT NOVATO, CA 94949

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.359	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	JANITORIAL SERVICES	<p>UNIVERSAL JANITORIAL 350 PIERCY ROAD SAN JOSE, CA 95138</p>
2.360	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	FEDERAL GRANT CERTIFICATION CERTIFICATION FOR PROVISION OF PRODUCTS	<p>UNIVERSITY OF CALIFORNIA 900 UNIVERSITY AVENUE RIVERSIDE, CA 92521</p>
2.361	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	<p>UNIVERSITY OF KENTUCKY 760 PRESS AVENUE ROOM 330 LEXINGTON, KY 40536</p>
2.362	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>585 DAYS</p>	<p>UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET WATERMAN BUILDING BURLINGTON, VT 05405</p>
2.363	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SUPPLIER QUALITY AGREEMENT	<p>VALIDATON SYSTEMS, INC. 988 SAN ANTONIO ROAD PALO ALTO, CA 94303</p>
2.364	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	SALES AGREEMENT	<p>VASCUGEN, INC. 5602 RESEARCH PARK BLVD. SUITE 213 MADISON, WI 53719</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.365	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>427 DAYS</p>	<p>VERGE ANALYTICS TWO TOWER PLACE SUITE 950 SOUTH SAN FRANCISCO, CA 94080</p>
2.366	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RNA SYNTHESIS SERVICES</p>	<p>VERTEX PHARMACEUTICALS, INC. 50 NORTHERN AVENUE BOSTON, MA 02210</p>
2.367	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT AMENDMENT RNA SYNTHESIS SERVICES</p> <p>1320 DAYS</p>	<p>VERTEX PHARMACEUTICALS, INC. 50 NORTHERN AVENUE BOSTON, MA 02210</p>
2.368	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP LIKE RNA PRODUCTS</p>	<p>VERTEX PHARMACEUTICALS, INC. 50 NORTHERN AVENUE BOSTON, MA 02210</p>
2.369	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>113 DAYS</p>	<p>VIRIDIAN THERAPEUTICS, INC. 221 CRESCENT STREET SUITE 401 WALTHAM, MA 02453</p>
2.370	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LICENSE AGREEMENT THERAPEUTIC SUBLICENSE AGREEMENT</p>	<p>VITA THERAPEUTICS, INC. 801 W BALTIMORE STREET #301 BALTIMORE, MD 21205</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.371	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GRNA PRODUCTS</p>	<p>VITA THERAPEUTICS, INC. 801 W BALTIMORE STREET #301 BALTIMORE, MD 21205</p>
2.372	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT NON-CLINICAL SERVICES</p> <p>497 DAYS</p>	<p>VIVET THERAPEUTICS, SAS 80 BOULEVARD HAUSSMANN 75008 FRANCE</p>
2.373	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT AMENDMENT</p>	<p>VIVET THERAPEUTICS, SAS 80 BOULEVARD HAUSSMANN 75008 FRANCE</p>
2.374	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT NON-CLINICAL SERVICES</p>	<p>VOR BIOPHARMA, INC. 215 FIRST STREET 4TH FLOOR CAMBRIDGE, MA 02142</p>
2.375	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH SERVICES</p> <p>538 DAYS</p>	<p>VOYAGER THERAPEUTICS 75 SIDNEY STREET CAMBRIDGE, MA 02139</p>
2.376	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LABORATORY SERVICING AGREEMENT</p> <p>299 DAYS</p>	<p>WATERS TECHNOLOGIES CORP. 34 MAPLE STREET MILLFORD, MA 01757</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.377	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>398 DAYS</p>	<p>WAVE LIFE SCIENCES USA, INC. 733 CONCORD AVENUE CAMBRIDGE, MA 02138</p>
2.378	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MATERIAL TRANSFER AGREEMENT</p>	<p>WAYFINDER 479 JESSIE STREET SAN FRANCISCO, CA 94063</p>
2.379	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT</p>	<p>WAYNE STATE UNIVERSITY 5057 WOODWARD AVE. RM 12 DETROIT, MI 48202</p>
2.380	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER AGREEMENT AMENDMENT</p> <p>2087 DAYS</p>	<p>XAIRA THERAPEUTICS, INC. 700 GATEWAY BLVD, 4TH FLOOR SOUTH SAN FRANCISCO, CA 94080</p>
2.381	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT RESEARCH USE ONLY PRODUCTS</p> <p>1123 DAYS</p>	<p>XAP THERAPEUTICS, INC. BABRAHAM RESEARCH CAMPUS MAIA BUILDING (B270) CAMBRIDGE CB22 3AT UNITED KINGDOM</p>
2.382	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SALES AGREEMENT GMP-LIKE SGRNA</p>	<p>XAP THERAPEUTICS, INC. BABRAHAM RESEARCH CAMPUS MAIA BUILDING (B270) CAMBRIDGE CB22 3AT UNITED KINGDOM</p>

List all contracts and unexpired leases			State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.383	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER AGREEMENT SAAS	XAVO USA, INC. ONE BOSTON PLACE SUITE 2600 BOSTON, MA 02108
2.384	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	DISTRIBUTOR AGREEMENT DISTRIBUTOR AGREEMENT 298 DAYS	Y.A. ALMOG DIAGNOSITC & MEDICAL EQUIPMENT, LTD. OREN 4 ST HI-PARK SHOHAM ISRAEL
2.385	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	MASTER AGREEMENT RESEARCH USE ONLY PRODUCTS 104 DAYS	ZIELBIO, INC. 1317 CARLTON AVENUE SUITE 200 CHARLOTTESVILLE, VA 22902

Fill in this information to identify the case:Debtor Synthego CorporationUnited States Bankruptcy Court for the: District of DelawareCase number 25-10823
(if known)☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes.

Fill in this information to identify the case:

Debtor Synthego CorporationUnited States Bankruptcy Court for the: District of DelawareCase number
(if known) 25-10823

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/02/2025
MM / DD / YYYY

X

/s/ Allen Soong

Signature of individual signing on behalf of debtor

Allen Soong

Printed name

Chief Restructuring Officer

Position or relationship to debtor